



Nebraska Advocates for Healthy Eating, Active Living & Breastfeeding



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NEBRASKA
PHYSICAL ACTIVITY AND
NUTRITION STATE PLAN
2011-2016



NEBRASKA PHYSICAL ACTIVITY AND NUTRITION STATE PLAN 2011-2016

Promoting Healthy Weight & Preventing Chronic Disease

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To obtain the full report: Contact the Nutrition and Activity for Health Program at (402) 471-2101 or send an email request to info@partnersnhealth.org.

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November 2011

Dear Partners,

Working to improve healthy eating and physical activity across Nebraska are among my top priorities for public health. This work can and must be done in partnership and so I am pleased to present the revised *Nebraska Physical Activity & Nutrition State Plan*. The purpose of the State Plan is to improve the health of the people of Nebraska by coming together on key strategies and activities for healthy eating, active living and breastfeeding that can decrease obesity and related chronic disease prevalence.

Obesity rates have doubled for adults and tripled for children over the past three decades. With 2 in 3 adults and 1 in 3 children either overweight or obese, it's imperative we work together to create a culture of wellness to make it easier for Nebraskans to reach and maintain a healthy weight. More supportive environments that increase access to healthy affordable foods, safe place to be physically active, and encourage more moms to start and continue breastfeeding are essential to turning around the epidemic.

The State Plan gives us a great opportunity to come together and focus on policy and environmental changes at the state and local level. Schools, child care facilities, worksites, healthcare, and communities are called to action to implement the State Plan strategies so that the healthy choice is the default behavior.

What makes this State Plan distinctive is the use of an interactive website that allows partners to customize their own unique action plans for local implementation. By visiting www.partnersnhealth.org, Nebraskans looking for new ways to promote and support healthy eating, active living or breastfeeding can easily create their own "customized action plans" built on the same goals, strategies, and activities that form the foundation for the Nebraska Physical Activity and Nutrition State Plan.

No single organization has all the answers or resources to successfully address the obesity epidemic. The success of the Nebraska Physical Activity and Nutrition State Plan depends upon the continuation and enhancement of existing partnerships along with the formation of new ones. Your dedication and participation is essential. Please use this State Plan as a resource to bring out change in your community, worksite, school, child care and healthcare setting, to reduce the rates of and costs associated with obesity.

Feel free to contact the program staff or me if you have any questions or comments. I look forward to hearing of your success and encourage you to share with others across the state. Together, we can create a culture of wellness across all Nebraska communities to help more Nebraskans live healthier, longer lives.

Yours very truly,



Joann Schaefer, M.D.
Chief Medical Officer – State of Nebraska
Director, Division of Public Health
Department of Health and Human Services

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INTRODUCTION

Obesity and chronic diseases – such as cancer, diabetes, heart disease and stroke – are among the most common, costly, and preventable of all health problems in Nebraska and throughout the United States. A healthy diet, physical activity, breastfeeding, and maintaining a healthy body weight all significantly contribute to preventing obesity and chronic diseases and, therefore, are national, state, and local public health priorities.

The 2011-2016 Nebraska Physical Activity and Nutrition State Plan is designed to address the problems of obesity and related chronic diseases by serving as a catalyst for policy and environmental change to support healthy eating, active living, and breastfeeding. The plan represents a comprehensive and consistent effort to promote evidence-based strategies framed around the six priority goals of the Centers for Disease Control and Prevention (CDC) Division of Nutrition, Physical Activity and Obesity (DNPAO). The goals are to: 1) increase consumption of fruits and vegetables; 2) decrease consumption of high energy-dense foods; 3) decrease the consumption of sugar-sweetened beverages; 4) increase physical activity; 5) decrease television viewing; and 6) increase breastfeeding initiation, duration, and exclusivity.

ENVIRONMENTAL CHANGE

Alteration to physical, social, or economic environments designed to influence behaviors.

POLICY CHANGE

Laws, regulations, rules, protocols, and procedures designed to influence behavior. Policies can be either legislative or organizational in nature.

The Plan addresses these priority goals through strategies and activities implemented within five distinct settings: child care, schools, workplaces, healthcare, and communities. By focusing on environmental and policy change within these settings, the Plan seeks to have the widest reach and impact and increase the percentages of youth and adults in Nebraska that meet federal recommendations for healthy eating, active living, and breastfeeding.

Implementation of the Plan will occur at local, district, and state levels. Through a strong focus at the local level, more effective strategies can be used to reach various population groups experiencing health disparities such as racial/ethnic minority populations, low-income groups,

people with intellectual and developmental disabilities, and residents of sparsely populated areas.

Collaboration at the local, district, and state levels among public and private partners will assure the best use of available resources, expertise, and skills while helping to ensure the Plan's sustainability. By building on powerful, collaborative partnerships that already exist, the Plan will help to reduce the prevalence of obesity and associated chronic diseases in Nebraska over the long term.

In keeping with this philosophy of collaboration and coordination, strategies from the 2011-2016 Nebraska Physical Activity and Nutrition State Plan support other Nebraska Department of Health and Human Services (DHHS) and state agency planning documents including, but not limited to, the following:

- Nebraska Comprehensive Cancer Control State Plan
- Nebraska Heart Disease and Stroke State Plan
- The Road to Health: A Strategic Plan for Diabetes. Prevention and Control In Nebraska
- Nebraska State Plan for Developmental Disabilities
- Nebraska State Comprehensive Outdoor Recreation Plan (SCORP)
- Strategic Plan of the Nebraska Office of Health Disparities and Health Equity, formerly the Office of Minority Health

NEBRASKA PHYSICAL ACTIVITY AND NUTRITION STATE PLAN

Mission

To create a Nebraska where individuals, communities, and public and private entities share the responsibility for developing, enhancing, and maintaining environments and policies that support and promote healthy eating, active living, and breastfeeding.

Targeted Outcomes

1-5 years: Develop, enhance, and sustain environments and policies that support healthy eating, active living, and breastfeeding.

5-10 years: Increase the percentages of youth and adults in Nebraska that meet federal recommendations for healthy eating, active living, and breastfeeding initiation, duration, and exclusivity.

10+ years: Decrease the prevalence of obesity and associated chronic diseases in Nebraska.

BACKGROUND

This current Plan is a revision of the first Nebraska Physical Activity and Nutrition State Plan released in 2005. The first Plan was developed through a series of advisory group meetings that were convened by the Nebraska Cardiovascular Health Program in 2003 and 2004. The original Plan helped to secure funding from the Centers for Disease Control and Prevention (CDC) to establish Nebraska's Nutrition and Activity for Health (NAFH) program in 2008. The three objectives of the NAFH Program are to: 1) improve state and local capacity to support nutrition, physical activity, and obesity initiatives; 2) implement and monitor the Nebraska Physical Activity and Nutrition State Plan; and 3) evaluate nutrition, physical activity, and obesity rates in the state.

The NAFH Program engaged partners from across the state to develop the 2011-2016 Nebraska Physical Activity and Nutrition State Plan. Partners include the NAFH Steering Committee comprised of NAFH program staff and the program managers from the Cardiovascular Health Program (CVHP), the Comprehensive Cancer Control Program (CCCCP), and the Diabetes Prevention and Control Program (DPCP); the NAFH State Agency Group whose membership consists of over 40 members representing six state agencies; the Partners N Health Advisory Group that consists of 20 experts in the field of healthy eating, active living, and breastfeeding; and numerous other individuals and organizations involved in healthy eating, active living, and obesity prevention initiatives.

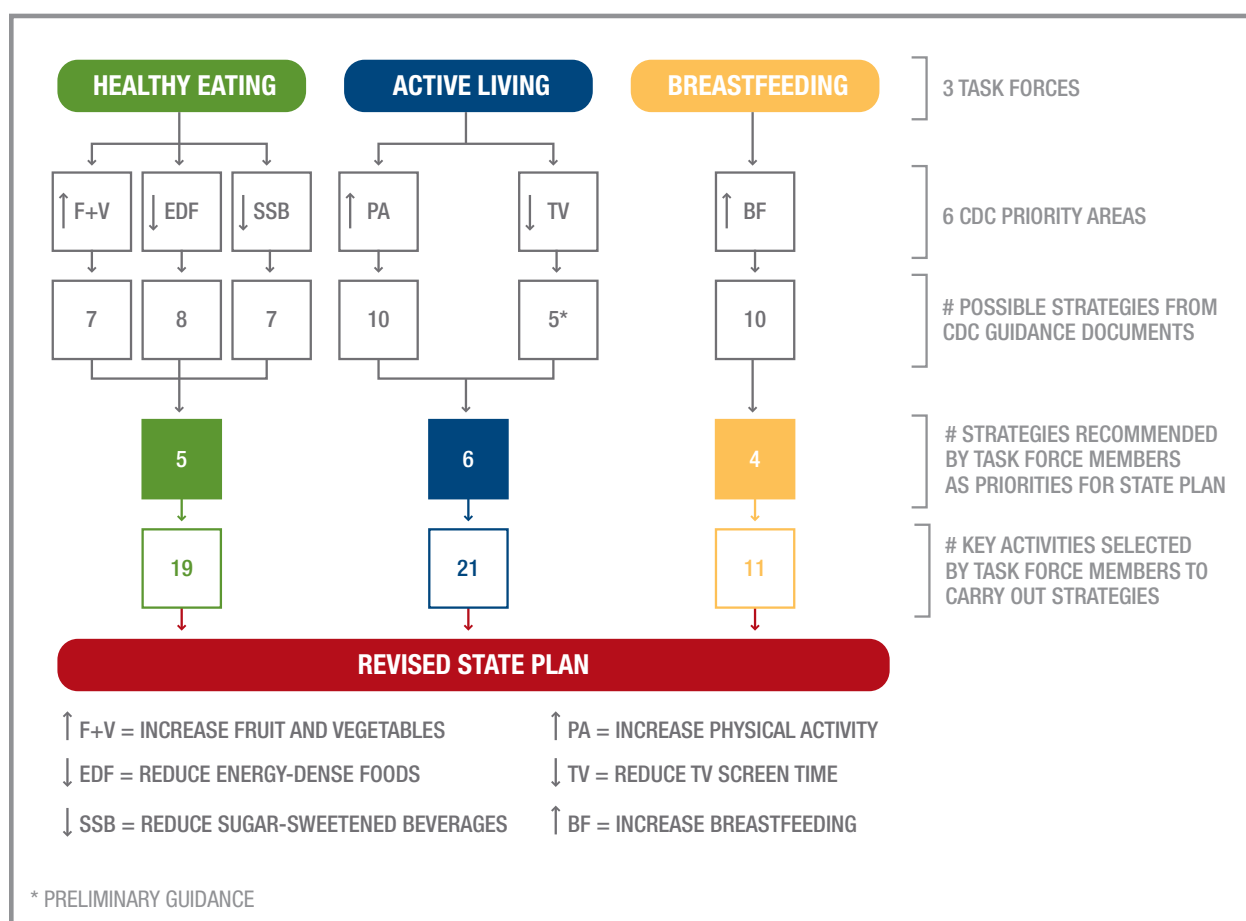
PARTNERS N HEALTH

www.partnersnhealth.org

Partners N Health is a statewide partnership formed around the implementation and evaluation of the Nebraska Physical Activity and Nutrition State Plan. Partners N Health includes a broad range of individuals and organizations committed to support and promote healthy eating, active living, and breastfeeding throughout Nebraska. Partners include representatives from private and public nonprofits, schools, government agencies, foundations, insurance companies, and other private businesses, among other organizations. Partners implement and help evaluate the success of the State Plan. This coordinated, collaborative effort brings additional focus and sparks new synergy as a growing team of stakeholders continue to work together to make the healthy choice the easy choice throughout Nebraska.

The 2011-2016 Nebraska Physical Activity and Nutrition State Plan was developed with broad stakeholder input. Over 200 respondents completed a web-based survey administered in July 2010 which helped to identify potential strategies and activities that were linked to the national CDC Priority Goals. CDC guidance documents related to each of the goals were used to determine which of the potential strategies and activities were considered to be emerging-, best- and/or evidence-based-practice. Those ideas were further developed during two large planning meetings held in September 2010 in Kearney and November 2010 in Lincoln, each drawing over 70 registrants. Nearly 100 dedicated stakeholders joined three task forces that continued to sort through activities and help focus the Plan. Throughout the year-long process, the Partners N Health Advisory Group provided leadership, guidance and feedback to help shape the content of the Plan and identify the most user-friendly formats for delivery.

The following diagram illustrates the process task forces followed to identify strategies and activities for inclusion in the revised State Plan.



USING THE PLAN

The 2011-2016 Nebraska Physical Activity and Nutrition State Plan can be used by individuals at the local, district and state levels. Partners involved in the development of the Plan can champion the priority strategies and activities in their own work plans. Public health professionals, key stakeholders, and community leaders can use the information to:

- Increase awareness among decision makers about the problems of obesity and chronic disease and the benefits of creating environments and policies that support healthy eating, active living, and breastfeeding.
- Strengthen grant applications.
- Implement activities that are evidence-based and align with priority strategies and activities selected by the statewide partnership.
- Establish baseline measures and track progress for health-related objectives.
- Stimulate new ideas, partnerships and collaborations.

One element that makes this Plan distinctive is its delivery through interactive technology. This technology allows stakeholders to not only access the 2011-2016 State Plan as a written document, but to also customize their own unique action plans to address local needs and implementation at the local level.



Nebraska Advocates for Healthy Eating, Active Living & Breastfeeding

Create your own customized action plan for healthy eating, active living and breastfeeding.

- > Log on to www.partnersnhealth.org
- > Create a plan
- > Find partners
- > Share your successes



www.partnersnhealth.org

Home of the online, interactive Nebraska Physical Activity and Nutrition State Plan.

FUNDED AND SUPPORTED BY:  

By visiting www.partnersnhealth.org, individuals and organizations in Nebraska looking for new ways to promote and support healthy eating, active living, or breastfeeding can create customized action plans built on the same goals, strategies, and activities that form the foundation for the Nebraska Physical Activity and Nutrition State Plan. When creating a customized action plan, website visitors receive a list of potential partners, resources, and success measures. They can also access Nebraska-specific success stories to get step-by-step advice on how to best implement emerging-, best-practice and/or evidence-based strategies and activities.

Anyone can use this customization tool to meet their unique needs:

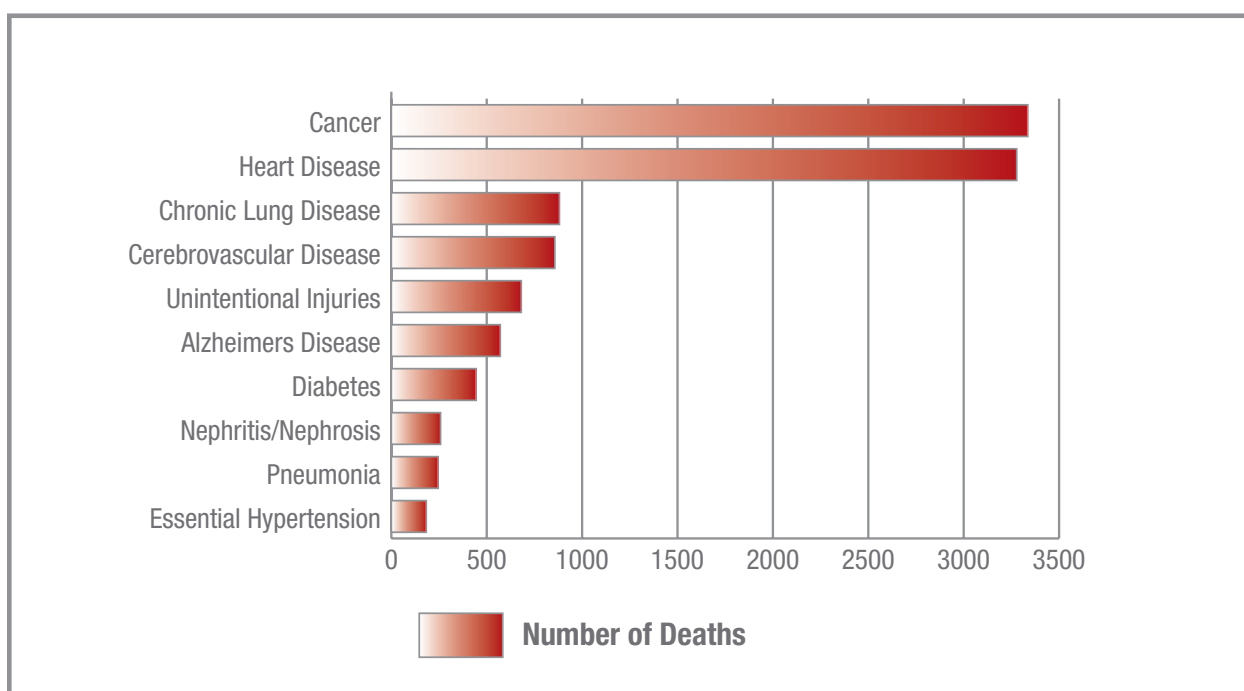
- Worksite wellness coordinators can select evidence-based strategies and activities to improve employee health outcomes.
- School wellness council members can generate ideas to improve or implement their school wellness policies.
- Local boards of health can identify evidence-based strategies to address their community health needs assessments.
- Local health departments can utilize the Plan for grant writing and implementing evidence based community interventions.
- Health professional associations can identify policy strategies for advocacy efforts.
- Statewide and community coalitions can use the Plan to guide strategic planning efforts.



BURDEN OF CHRONIC DISEASE IN NEBRASKA

Chronic diseases exert a heavy toll on Nebraska residents. Figure 1 shows the devastating loss of human life, with eight of the top ten causes of death in Nebraska attributed to chronic diseases. Being overweight or obese increases the risk of some cancers and other adverse health conditions such as high cholesterol, high blood pressure, stroke, heart disease and diabetes. Therefore, the top two leading causes of death in Nebraska are largely preventable through healthy eating, active living, and obesity reduction.

Figure 1. Top Ten Causes of Death, Nebraska 2009



Source: Nebraska vital statistics

CANCER

Obesity is known to increase the risk of developing cancers of the breast among post-menopausal women, cervix, endometrium, ovary, and gall bladder among women, cancer of the colon among both men and women and cancers of the prostate among men. Obesity may also be a risk factor for cancers of the pancreas and esophagus. Nutritional factors are estimated to account for about one-third of all U.S. cancer deaths. The greatest concern with the American diet today is the consumption of too much saturated fat and too few vegetables, fruits, and whole grains. Physical inactivity is strongly associated with increased risk of developing colon

and breast cancers and may also increase the risk for cancers of the pancreas, prostate, lung, endometrium, ovary, and testes.

In 2009, there were 3,336 cancer deaths in Nebraska and more than 9,000 Nebraska residents were diagnosed with cancer in 2008. By primary site, the most commonly diagnosed types (excluding cancers of the skin) were cancers of the prostate, lung and bronchus, female breast, and colon and rectum. These sites accounted for over 4,700 cases. According to the National Institutes of Health (NIH), the total cost of cancer for the entire U.S. in 2010 was \$263.8 billion. Extrapolating these figures to Nebraska gives an estimated total cost of cancer equal to \$1.53 billion per year.

HEART DISEASE AND STROKE

The risk factors associated with heart disease and stroke include high blood pressure (hypertension), high blood cholesterol, obesity, poor diet, sedentary lifestyle, and smoking. Adults who have been diagnosed with high blood pressure, high blood cholesterol or diabetes are significantly more likely to have ever been diagnosed with heart disease or stroke.

In 2009, there were 3,278 deaths from coronary heart disease and 857 deaths from stroke in Nebraska. During the same year, there were 2,678 hospitalizations for acute myocardial infarction and 3,418 hospitalizations for stroke. Hospitalizations involving coronary heart disease totaled nearly \$329.5 million, with an average charge per hospitalization of \$50,500. Hospitalizations involving stroke added up to \$100.3 million, with an average hospitalization charge of \$29,400.

Regular physical activity reduces the risk for heart attack and high blood pressure and may reduce the risk for stroke. Eating patterns to reduce blood pressure and control cholesterol align with the Dietary Guidelines for Americans and are high in fruits, vegetables, and whole grains and low in saturated/trans fats, cholesterol, and sodium.

DIABETES

Regardless of age or gender, people with diabetes are more likely to be either obese or overweight than are people without diabetes. Obesity and lack of physical activity are significant risk factors for diabetes. Some estimates suggest that the risk of developing diabetes could be

reduced by up to 75% through reductions in obesity, while increased physical activity could reduce the risk by up to 50%. For some people who have type 2 diabetes and are obese, diabetes symptoms will disappear completely if normal weight is restored.

In 2009, diabetes claimed the lives of 444 Nebraska residents. According to the 2010 Nebraska Behavioral Risk Factor Surveillance System, 7.7% of Nebraska adults reported that they had been diagnosed with diabetes. This translates into a statewide estimate of more than 100,000 people with diabetes. According to the CDC, the total estimated cost of diabetes for the entire U.S. in 2007 was \$171 billion. Extrapolating these figures to Nebraska produces an estimate of the total cost of diabetes equal to \$1.08 billion per year.

DISPARITIES IN THE BURDEN OF CHRONIC DISEASE

Available data demonstrate some important differences in the burden of chronic disease among the state's disparate populations, including racial/ethnic minorities, persons with low incomes, residents of rural communities, and individuals with intellectual and developmental disabilities.

RACIAL/ETHNIC MINORITIES

Nebraska is fairly homogeneous with respect to race and ethnicity, although diversity is increasing. According to the 2010 Census, 86% of Nebraska residents reported their race as white alone; this proportion is higher than the comparable national figure of 72%, but also a decrease from the 90% recorded in Nebraska by the 2000 Census. During the past two decades, the Hispanic population in Nebraska has increased dramatically, becoming the state's largest minority population. The 2010 Census counted 9% of Nebraska's total population as residents of Hispanic ethnicity, up from 5.5% of the total population in 2000.

Chronic disease-associated deaths are more common among certain racial/ethnic minority groups in Nebraska, including African Americans, Hispanics, and Native Americans. For example, cancer and diabetes-related mortality are higher among African Americans than non-Hispanic whites in Nebraska. Diabetes-related mortality in Nebraska is highest among Native Americans and also relatively higher for Hispanics compared to non-Hispanic whites.

INCOME LEVELS

The 2010 U.S. Census found that 12% of Nebraska residents reported their income in 2009 as below the poverty level. Estimates from the U.S. Census Bureau's American Community Survey (ACS) for the years 2005-2009 show that 18 of Nebraska's 93 counties had poverty rates of 15% or higher. Higher levels of poverty were concentrated along the southern border with Kansas, in northwestern counties, and in pockets in the central, north-central, and northeastern parts of the state. By contrast, several counties surrounding Omaha were among the ten lowest county poverty rates: Washington, Cass, Sarpy, and Saunders each had a rate below 7%.

Persons from low income households have disproportionately higher prevalence of chronic disease. For example, the prevalence of diabetes among people with an annual household income of under \$15,000 is more than three times higher than among those with an income of \$75,000 or greater (14.3% vs. 4.7%). Furthermore, Medicaid enrollees in Nebraska are 3.5 times more likely than non-Medicaid enrollees to die from cardiovascular disease (based on age adjusted mortality rates).

RURAL/URBAN

Nebraska is a large state in land area, with approximately 77,000 square miles. According to the 2010 U.S. Census, Nebraska has a population of approximately 1.8 million. Much of the state's population is concentrated in the eastern portion of the state, in and around the cities of Omaha and Lincoln, while the central and western regions of the state remain sparsely populated. Thirty-nine of Nebraska's 93 counties meet the definition of a "frontier" county, a designation that requires a population of fewer than seven residents per square mile.

Chronic disease morbidity, mortality, and associated risk factors are highly prevalent in both urban and rural regions of the state, although some urban/rural disparities do exist. For example, Nebraska residents living in rural counties are at greater risk for heart disease than residents of urban counties. However, recent death rates for diabetes, stroke, and cancer do not show significant urban/rural differences.

DISABILITIES

There is a lack of population data on the health status of persons with intellectual and developmental disabilities (IDD) in Nebraska and across the nation. However, the Centers

for Disease Control and Prevention (CDC) asserts that persons with IDD are more likely to experience poorly managed chronic diseases and limited access to quality health care and health promotion programs according to CDC ID Surveillance Factsheet, 2010. Data from the 2006 Medical Expenditure Panel Survey shows relatively higher national prevalence rates for cardiovascular disease, stroke, and diabetes among persons with a cognitive limitation compared to those with no disability.

CHRONIC DISEASE RISK FACTORS

OBESITY

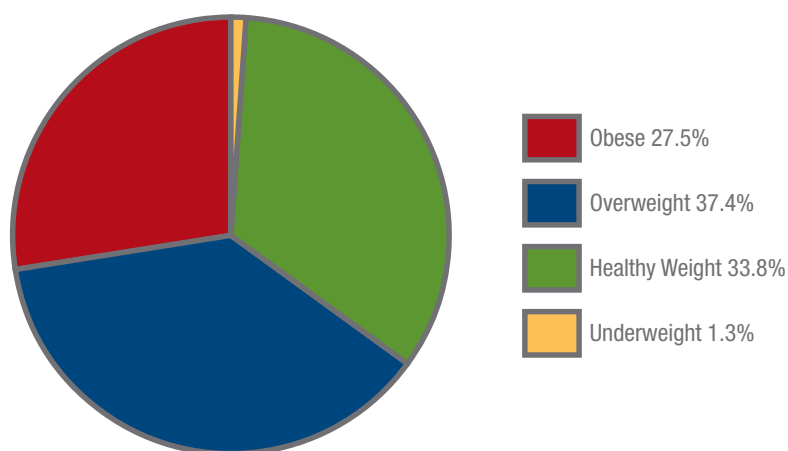
The prevalence of obesity among adults and youth has risen considerably over the past two decades in the U.S. and in Nebraska. Obesity has been linked to increased risk of death and substantially raises the risk of illness from heart disease and stroke; high blood pressure; elevated blood cholesterol levels;

type 2 diabetes; endometrial, breast, and colon cancers; liver and gallbladder disease; arthritis; sleep disturbances; and breathing problems.

Obese persons may also suffer from social stigmatization, discrimination, and lowered self-esteem.

Today, one in four Nebraska adults is considered obese, and the prevalence of

Figure 2. Weight status among Nebraska adults, 2010



Source: 2010 NE BRFSS

obesity among adults in Nebraska has more than doubled in the past 15 years. According to the 2007 National Survey of Children's Health, about 16% of Nebraska children ages 10-17 are considered obese. Overweight and obese children are also more likely to become overweight or obese adults.

Obesity in Nebraska is more common among men, older adults, residents of rural counties, adults with less than a college degree, and adults with relatively lower household incomes. Native American adults are significantly more likely to be obese than whites in Nebraska. National data indicates that people with intellectual and mobility limitations have significantly higher rates of obesity as well.

NUTRITION

Recommendations to improve nutrition behaviors follow the *2010 Dietary Guidelines for Americans*, which are the federal government’s evidence-based nutritional guidance to promote health, reduce the risk of chronic diseases, and reduce the prevalence of overweight and obesity. The *2010 Guidelines* focus on balancing calories with physical activity, and encourage Americans to consume more healthy foods like vegetables, fruits, whole grains, fat-free and low-fat dairy products, and seafood, and to consume less sodium, saturated and trans fats, added sugars, and refined grains.

Despite federal guidelines encouraging Americans to consume more fruits and vegetables and fewer energy-dense foods and sugar-sweetened beverages, current data suggests that the majority of Nebraska adults and youth do not meet recommendations. According to the 2009 Nebraska Behavioral Risk Factor Survey, fewer than one in four adults consumed five or more servings of fruits and vegetables per day in 2009. Similarly, the 2010 Nebraska Youth Risk Behavior Survey found that only one in four high school students ate fruit at least twice per day and only one in nine ate vegetables at least three times per day. In addition, nearly one in three adolescent males and one in four adolescent females reported drinking a can, bottle, or glass of soda/pop at least once per day.

In Nebraska, men, younger adults, adults with less than a college degree, and adults with relatively lower household income are less likely to report consuming five or more servings of fruits and vegetables per day.

PHYSICAL ACTIVITY

Incorporating physical activity into one’s daily routine can help to lower the risks associated with chronic diseases such as heart disease, stroke, diabetes, and some cancers. According to the 2008 *Physical Activity Guidelines for Americans*, adults should do a combination of aerobic

and muscle strengthening activities for at least 150 minutes a week of moderate activity or at least 75 minutes of vigorous activity per week, while children and adolescents aged 6-17 years should do at least 60 minutes or more of physical activity daily.

Unfortunately, current data suggests that the majority of Nebraska adults and youth do not meet these recommendations. According to the 2009 Nebraska Behavioral Risk Factor Surveillance System, nearly one in three adults did not meet 2008 *Physical Activity Guidelines for Americans*. In addition, according to the 2010 Nebraska Youth Risk Behavior Survey, only one in three adolescent males and one in five adolescent females were physically active for at least 60 minutes per day. Approximately two in three males and nearly one in two females did exercises to strengthen or tone their muscles on three or more days.

In Nebraska, physical inactivity is more common among older adults, residents of rural communities, adults with less than a college degree, adults with low household income, and Hispanics.

One important strategy to decrease physical inactivity is to limit screen time, especially among youth. The American Academy of Pediatrics recommends that children aged two and under should not watch any television, while older children should watch TV no more than 1-2 hours per day. Unfortunately, results from the 2010 Youth Risk Behavior Survey found that one in four Nebraska high school students reported watching three or more hours of television per day on an average school day. Furthermore, about one in five students reported playing video or computer games, or using a computer for something that was not school work, three or more hours per day on an average school day.

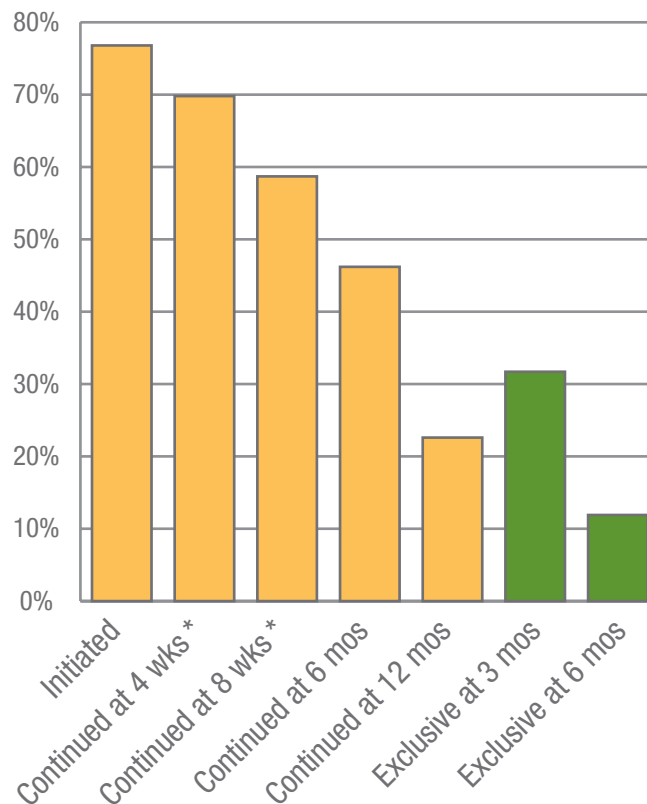


BREASTFEEDING

Breastfeeding is the best source of nutrition and immune protection for infants, and also provides many health benefits for mothers, such as a lower risk of breast and ovarian cancer. Breastfed babies also have a significantly lower risk of being overweight or obese and therefore, are less likely to experience obesity and chronic disease in adulthood.

The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding during the first six months of life, and continued breastfeeding for at least the first year of life. Unfortunately, the majority of Nebraska mothers do not meet these recommendations. According to the 2010 CDC Breastfeeding Report Card, approximately three in four mothers in Nebraska reported initiating breastfeeding after delivery; however, only half of mothers reported continuing to breastfeed at six months, while nearly one in four reported continuing to breastfeed at 12 months. Only one in three mothers reported exclusively breastfeeding at three months, and only one in ten reported exclusively breastfeeding at six months.

Figure 3.Percentage of Nebraska mothers who reported initiating, continuing, or exclusively breastfeeding, 2006



Source: NIS 2006 (provisional data); *PRAMS 2006

ENVIRONMENT AND POLICY CHANGE

Over the past decade, public health practitioners have become increasingly aware of how environments and policies can encourage or discourage healthy behaviors. Environments include economic, social or physical conditions, while policies are defined as both formal and informal laws, rules, and regulations. Without supportive environments and policies for healthy eating, active living and breastfeeding, it is difficult for most individuals to make healthful choices and maintain positive behavior change.

When cafeterias, refreshment stands, and vending machines are filled with high calorie foods and sugar-sweetened beverages, how many individuals will choose healthier foods? If neighborhoods lack access to affordable produce in grocery stores or farmers' markets, how many families who live there will eat more fruits and vegetables?

When roads are unsafe and trails are incomplete, how many children and adults will ride bikes to school or work? If employers provide no time or support for activity breaks, how many employees who work long hours in front of a computer screen will find time in their busy lives for physical activity?

When hospitals fail to offer lactation support to new moms and then release them with formula samples, how many will choose to breastfeed? If workplaces fail to offer flexible breaks, adequate time, and private facilities to express milk during the workday, how many new moms will continue to breastfeed?

Examples of Environmental Changes:

- Healthy foods offered at a lower cost than non-healthy foods in vending machines and cafeterias
- Improvements in the built environment to promote walking (e.g. trails and sidewalks)
- Lactation rooms in worksites

Examples of Policy Changes:

- Legislative policies: Taxes on sugar-sweetened beverages, provision of county or city public land for green spaces or farmers markets, or daily physical education requirements in schools
- Organizational policies: Workplace policy in support of employees that breastfeed, procurement policies for food served or purchased by the organization, or a human resources policy that requires healthy foods to be served at meetings

Legislative and organizational policies often mandate environmental changes and increase the likelihood that they will be sustained.



Worksite produce market in downtown Lincoln. Read the full success story at www.partnersnhealth.org

SOCIO-ECOLOGICAL MODEL

The Nebraska Physical Activity and Nutrition State Plan is based upon the Socio-Ecological Model, which highlights the importance of approaching public health problems at multiple levels. This behavior change model emphasizes the complexity of the issue. Behavior change will not occur with education alone, but can result with an orchestration of advocacy efforts, organizational changes, policy development, and environmental changes across settings and levels of the model.

Figure 4. Socio-ecological model



The levels of influence within the Socio-Ecological Model include:

- **Individual:** awareness, knowledge, values, beliefs, attitudes, preferences
- **Interpersonal:** family, friends, peers that provide social support and identity
- **Institutional/Organizational:** rules, policies, procedures, environment, and informal structures within an organization or system

- **Community:** social networks, norms, standards, and practices among organizations
- **Public Policy:** local, state, and federal government policies, regulations, and laws

The Socio-Ecological Model demonstrates that although personal choice ultimately determines an individual's behaviors, that choice is affected by many different influences. The model also shows that public policy, community, and organizational changes can impact the most number of people.

The strategies and activities selected for the 2011-2016 State Plan predominantly focus on the outer levels of the model. However, many of the strategies and activities compliment other ongoing efforts that impact the interior levels. Together, there can be a synergistic effect producing the greatest potential for sustainable behavior change.

SETTINGS

The 2011-2016 Nebraska Physical Activity and Nutrition State Plan aims to encourage healthy decision making through environment and policy changes in five settings where Nebraskans live, learn, work, and play. By focusing efforts in these settings, the Plan can reach all Nebraskans and help reduce health disparities.

CHILD CARE

Child care settings are ideal places for young children to adopt healthy behaviors during their early developmental years. By creating environments and policies that promote and support healthy eating, active living, and breastfeeding, child care professionals play a critical partnership role in helping young children start school ready to succeed. As these children continue to grow, healthy behaviors adopted early in their development will continue to build a solid foundation for a healthier life.

Nebraska law requires any individual who provides child care to four or more children from different families at any one time to become licensed. According to the Child Care Roster provided by Nebraska's Department of Health and Human Services Child Care Licensing Division, as of April 2011 there were a total of 4,147 licensed child care facilities in Nebraska with a total capacity of 114,685 children.

SCHOOLS

Schools have a long and lasting impact on lives. By creating environments and policies that promote healthy eating, encourage active living, and support breastfeeding, school administration and staff can take direct action to fight childhood obesity and chronic disease. Nebraska schools are key partners, offering opportunities for both students and staff to make healthy choices and serve as role models for each other.

During the 2010-2011 academic school year, there were approximately 336,000 children enrolled in Nebraska's 1,010 public and 238 non-public schools. In addition, there are nearly 55,000 teachers and certified staff employed by these institutions across the state.

WORKSITE

Workplace partners are critical to a successful effort to grow a healthier Nebraska. Employers who recognize the value of providing environmental and policy support for healthy eating, active living, and breastfeeding are not only developing a happier and more productive workforce, they are helping to reduce the strain on our economy from the costly effects of obesity and chronic disease.

According to 2009 data from the Nebraska Department of Labor (third quarter statistics), there are approximately 60,000 worksites in Nebraska. Of those worksites, approximately 44,000 (75%) have fewer than ten employees, though they only employ about 15% of all employed persons statewide. In contrast, there are only around 500 companies in Nebraska that have 200 or more employees, but they account for roughly one-third of all employed persons statewide.

HEALTHCARE

Healthcare professionals have the opportunity to provide trusted advice to help patients improve their nutrition and physical activity habits and support breastfeeding. Implementing environmental and policy changes within healthcare systems can help prevent obesity and reduce chronic disease, alleviating a growing cost burden on Nebraska.

The Nebraska Department of Labor estimated more than 100,000 employees working in ambulatory health care centers, hospitals, and nursing and residential care facilities in 2008.

Nebraska has 110 health clinics and 138 rural health clinics (as of March 2011), and 129 home health agencies (as of April 2010) according to the Nebraska Department of Health and Human Services, Division of Public Health, Licensure Unit.

There are 102 hospitals in Nebraska with 6,906 beds (as of February 2010). In 2010, nearly 27,000 babies were born in Nebraska. Maternity care hospitals can put in place policies and practices to enable parents to make informed choices about how they feed and care for their babies. Two hospitals in Nebraska have earned the Baby-Friendly Hospital designation to date. The Baby-Friendly Initiative is an international program of the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF).

COMMUNITY

According to the 2010 U.S. Census, Nebraska has a population of 1,826,341. This figure represents a 6.7% increase from the 2000 Census tally of 1,711,265. Much of the state's population is concentrated in the eastern portion of the state, in and around the cities of Omaha and Lincoln, while the central and western regions of the state remain sparsely populated.

More and more Nebraska communities are recognizing that environments and policies supporting healthy eating, active living, and breastfeeding create attractive places to live, learn, work, and play. Nebraska greatly expanded and redesigned its public health system about 10 years ago. In 2001, local health departments covered less than a quarter of the state's counties. With the passage of legislation in 2001, new multi-county or regional health departments were formed and now cover all of the counties in the state. Over the past five years, these departments have greatly expanded their capacity in the areas of health promotion and disease prevention and will play an important role in the implementation of the 2011-2016 Nebraska Physical Activity and Nutrition State Plan.

Healthy Eating



www.partnersnhealth.org/healthyeating

FOCUS AREAS FOR THE PLAN

HEALTHY EATING

The Plan is focused on three healthy eating priority goals.

- Increase fruit and vegetable consumption
- Decrease consumption of high energy-dense foods
- Decrease consumption of sugar-sweetened beverages

The *2010 Dietary Guidelines* detail three key reasons for individuals to eat more fruit and vegetables. First, fruits and vegetables contribute key nutrients (folate, magnesium, potassium, dietary fiber, and vitamins A, C, and K) that are significantly under-consumed in the American diet. Second, research shows a link between fruit and vegetable consumption (at least 2 ½ cups per day) and reduced risk of chronic diseases, such as heart disease, stroke, diabetes and some cancers. And finally, adding fruits and vegetables that are prepared with little added fat or sugar can help children and adults reach and maintain a healthy weight.



The United States Department of Agriculture (USDA) recommends eating two to six and a half cups of fruits and vegetables per day depending on age, sex, and activity level. All forms of fruits and vegetables count –fresh, frozen, canned, dried, and 100% juice. For more information, visit www.fruitsandveggiesmatter.gov.

Recommended Fruit and vegetable Consumption

| WOMEN | | | MEN | | |
|---------|----------|------------|---------|--------|------------|
| AGE | FRUITS | VEGETABLES | AGE | FRUITS | VEGETABLES |
| 19 - 30 | 2 cups | 2.5 cups | 19 - 50 | 2 cups | 3 cups |
| 31 - 50 | 1.5 cups | 2.5 cups | 51+ | 2 cups | 2.5 cups |
| 51+ | 1.5 cups | 2 cups | | | |

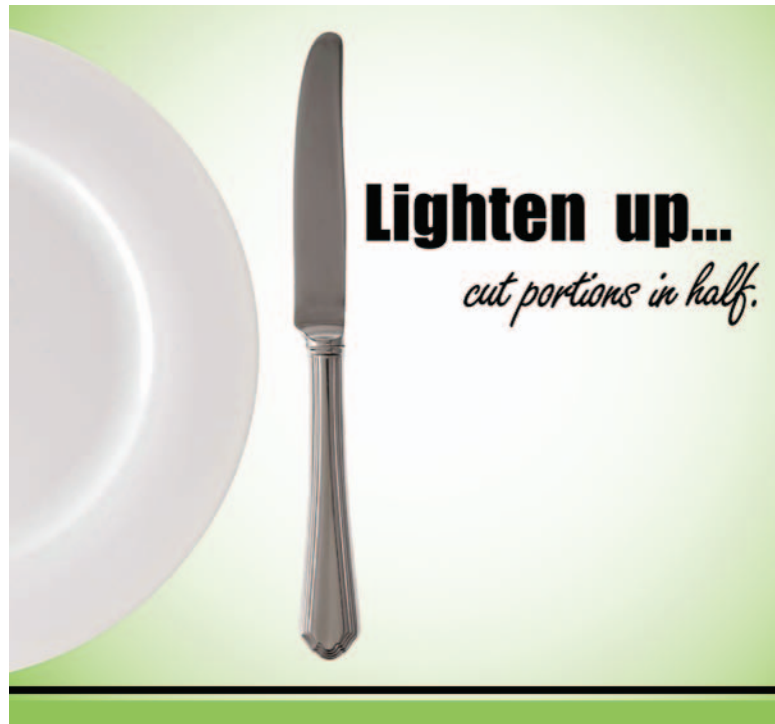
| GIRLS | | | BOYS | | |
|---------|----------|------------|---------|----------|------------|
| AGE | FRUITS | VEGETABLES | AGE | FRUITS | VEGETABLES |
| 2 - 3 | 1 cup | 1 cup | 2 - 3 | 1 cup | 1 cup |
| 4 - 8 | 1 cup | 1.5 cups | 4 - 8 | 1.5 cups | 1.5 cups |
| 9 - 13 | 1.5 cups | 2 cups | 9 - 13 | 1.5 cups | 2.5 cups |
| 14 - 18 | 1.5 cups | 2.5 cups | 14 - 18 | 2 cups | 3 cups |

Source: 2010 Dietary Guidelines for Americans

While fruit and vegetable consumption is low in the American diet, over-consumption of calories, mostly from added solid fats (saturated and trans fats), sugars, and refined grains contributes to the high prevalence of overweight and obesity. This issue is addressed by the goal to reduce the consumption of high energy-dense food. Energy density is defined as the amount of energy (calories) in a gram of food. High energy-dense foods are foods that are proportionately higher in calories per a given amount or volume. Energy density increases when fat and sugars are added.

One effective strategy to promote energy balance is to decrease the portion sizes of high energy-dense foods. Current portions of common fast food items are two to five times larger than when they were originally offered in fast food restaurants. Portion sizes of pre-packaged convenience foods, which are often high in added fats, sugars and low in nutrients, have also significantly increased over the past two decades. By limiting portions of high-calorie, low-nutrient foods, many individuals can achieve calorie balance which can lead to obtaining and maintain a healthy weight.

According to the *2010 Dietary Guidelines for Americans*, 16% of the total calories in American diets come from added sugar. Sugar-sweetened beverages contribute half of the added sugar consumed in a typical American diet. These beverages include soft drinks (soda, pop), fruit drinks, sport drinks, sweetened tea or coffee drinks, energy drinks, sweetened milk or milk alternatives and any other beverage to which sugar, typically high fructose corn syrup or sucrose (table sugar), has been added. Often these beverages are high in calories and provide few if any nutrients.



According to the CDC Guide to Strategies for Reducing the Consumption of Sugar-Sweetened Beverages, “several social and environmental factors have been linked to the purchase and consumption of sugar-sweetened beverages. These factors include advertising and promotion, increased portion sizes, fast food consumption, television viewing, permissive parenting practices, parental sugar-sweetened beverage consumption, and increased access to sugar-sweetened beverage consumption in the home and school.”

HIGHLIGHTS FROM THE PLAN

Five Healthy Eating strategies were selected for inclusion in the 2011-2016 Nebraska Physical Activity and Nutrition State Plan. One targets community access to affordable healthy foods, one addresses healthy food access in worksites, and three focus on schools and child care settings.

Enhancing Healthy Eating in Community, Workplace and Institutional Settings

The Plan's second Healthy Eating strategy is unique with a focus on procurement. Many state agencies have been improving procurement procedures across and within state programs. Procurement involves purchasing product, but also includes activities involved in establishing requirements and negotiation of contracts.

Within the next five years, Nebraska agencies will work towards addressing food procurement policies as they apply to food purchased, served, and provided by state government programs. These state policies can then compliment and propel local food procurement policies to emphasize access to and affordability of nutritious foods in both state and local government programs and systems. As reflected in the Socio-Ecological Model, such state and community wide policies will synergistically support other community efforts aimed at increasing the availability of affordable healthy foods, including full service grocery stores, farmers markets, small store enhancement projects, and restaurant initiatives.



Policy work around food procurement at state and local levels also offers an excellent opportunity to address and target programs that reach underserved populations. By engaging stakeholders from various key institutions, population groups will be identified and monitored to ensure that the food procurement policy will help reduce disparities. Cross-cutting policies will reach individuals already using programs and will also impact state and local facility employees.

Enhancing Healthy Eating in Schools & Child Care Settings

Policy development, implementation of school wellness policies, expansion of nutrition curriculum and activities, and environmental changes within schools and child care facilities are

key activities to impact healthy eating habits of children in Nebraska. Implementation of these strategies and corresponding activities will rely on established partnerships around these settings.

On December 13, 2010, President Barack Obama signed the Healthy, Hunger-Free Kids Act into law. This child nutrition reauthorization act includes many key components that will impact the school nutrition environment including expanding the Afterschool Meal Program to all 50 states, improving eligibility rules so more in-home child care facilities can use the Child and Adult Care Food Program (CACFP), enhancing the nutritional quality of food served in school-based and preschool settings and making “competitive foods” offered or sold in schools more nutritious. Additionally, the act provides mandatory funding for farm-to-school programs starting October 1, 2012, as well as strengthens Local School Wellness Policies by updating the requirements of the policies, and requiring opportunities for public input, transparency, and an implementation plan.

Implementation of the Healthy, Hunger-Free Kids Act aligns with the strategies and activities set forth in the State Plan. The Nebraska Department of Education along with the Nebraska Department of Health and Human Services will continue to work collaboratively to strengthen the implementation of these strategies. Within school districts and at the school building level, school wellness teams will be needed to implement local school wellness policies that embrace improvements to the nutrition environment.



Gomez Outdoor Classroom. Read the full success story at www.partnersnhealth.org

2011-2016 NEBRASKA PHYSICAL ACTIVITY AND NUTRITION STATE PLAN

The following strategies and activities were selected by the Partners N Health statewide partnership.

HEALTHY EATING STRATEGIES AND ACTIVITIES

| STRATEGIES | ACTIVITIES |
|---|--|
| Strategy #1 Setting: Communities Improve the availability and access of affordable healthier foods and beverages, including fruits, vegetables, and water, in local retail venues in underserved areas. | A. Assess the food environment using community food assessment instruments to determine adequacy of healthy food accessibility, availability, and affordability and then develop a report that states the public health need; demonstrates the relationship between health, income, and access at the community level; and provides recommendations for improving the community food environment. |
| | B. Educate and/or train store owners (with an emphasis on SNAP and WIC stores) to foster a healthier food and beverage environment. |
| | C. Initiate a marketing campaign to communicate healthy food access in a community by promoting/branding stores that have healthy foods. |
| | D. Initiate a targeted WIC Farmers Market Program in Nebraska. |
| Strategy #2 Setting: Workplaces Ensure access to and promote healthful foods, including fruits, vegetables and water, while limiting access to sugar-sweetened beverages, in worksite settings (foodservice, cafeteria, vending machines, meetings, conferences, and events). | A. Develop and promote sample nutritional guidelines that employers can voluntarily adopt for use in workplace cafeterias or vending machines. The policy could include nutrition criteria, pricing strategies, percentages of healthy foods and beverages recommended in vending machines, and promotion strategies. |

| STRATEGIES | ACTIVITIES |
|---|--|
| <p>Strategy #2 continued</p> | <p>B. Train worksites on procurement of healthier foods, such as fruits and vegetables, which are sold in worksite vending machines and cafeterias.</p> <p>C. Develop and disseminate: a list of food items that meet the criteria for a healthy vending program; a list of vending suppliers who carry healthier items; and a list of suppliers who are willing to provide refrigerated vending machines to include items such as yogurt, fresh fruits and healthier sandwiches.</p> <p>D. Create point of sale icons, including nutrition labels, to identify healthier options in workplace cafeterias and vending machines.</p> <p>E. Implement and promote farmers markets on-site gardens at worksites.</p> |
| <p>Strategy #3 Settings: Schools, Child Care Facilities Ensure that policies at child care facilities and schools (PK-12) promote healthier foods and beverages, with an emphasis on fruits, vegetables and healthy beverages/ water.</p> | <p>A. Encourage schools and child care facilities to conduct self-assessments and develop action plans aimed at improvements that they can make in their policies, practices, and/or environments.</p> <p>B. Review, evaluate, and communicate child care regulations to ensure that regulations reflect healthier food and beverage standards that are consistent with the <i>2010 Dietary Guidelines for Americans</i>.</p> <p>C. Identify, track, evaluate and promote child care facility/school partnerships with business, government, and other community organizations to support policy changes that may require additional funds or more cost effective strategies</p> <p>D. Encourage child care providers and schools to provide information to parents and staff on the nutrition and feeding policies and practices, including a policy about foods brought from home.</p> |

| STRATEGIES | ACTIVITIES |
|---|--|
| <p>Strategy #4</p> <p>Settings: Schools, Child Care Facilities</p> <p>Expand curriculum-based strategies and activities that support nutrition standards (including an emphasis on fruits, vegetables, and healthy beverages/water) in child care facilities and schools (PK-12).</p> | <p>A. Identify experts (e.g., school food service staff, chefs, culinary instructors, local farmers, dietitians, Master Gardeners, community garden groups, and University Cooperative Extension Service, registered dietitians) who can work with students and/or staff on experiential classes.</p> <p>B. Identify resources to support gardens – local farmers, professionals to encourage links between schools and child care, community garden programs, and local businesses.</p> <p>C. Identify and disseminate curriculum and supplemental resources that align to core (math, science, reading, social studies) and specific education (health education, family consumer science) standards and that are integrated with nutrition standards in schools and child care facilities (when applicable).</p> <p>D. Engage parents in the nutrition curriculum taught so that they can reinforce healthy eating practices at home.</p> |
| <p>Strategy #5</p> <p>Settings: Schools, Child Care Facilities</p> <p>Ensure that children in schools and child care facilities have affordable, appealing healthy choices in foods and beverages offered outside of the child nutrition program.</p> | <p>A. Revise and promote strong nutrition standards for competitive foods, including fundraising, a la carte, and food from home, such as those recommended by the Institute of Medicine (IOM) and the Healthier U.S. School Challenge (HUSSC).</p> <p>B. Provide training, technical assistance and support to guide the development and maintenance options are available to students (include work with decision makers to create food and beverage policies that support the contracts).</p> <p>C. Revise existing food and beverage contracts so that affordable, healthier food and beverage options are available to students (include work with decision makers to create food and beverage policies that support the contracts).</p> |

| STRATEGIES | ACTIVITIES |
|-----------------------|--|
| Strategy #5 continued | D. Adopt youth-appropriate marketing techniques to promote healthful choices (e.g. point-of-decision prompts, signage, etc). |



Two examples of patient education materials from the Foster Healthy Weight in Youth Toolkit, Nebraska's clinical childhood obesity model. Learn more at: www.teachakidtofish.org/copp/toolkit/



Active Living



www.partnersnhealth.org/activeliving

ACTIVE LIVING

An active lifestyle is central to good health. Engaging in regular physical activity and reducing sedentary habits such as television viewing, can play a key role in achieving a healthy body weight, build and maintain healthy muscles, bones and joints, and improve mental health related to

stress and depression. Incorporating movement into the daily routine, even in several 10 minute bouts of moderate intensity activity, can help to lower the risks associated with chronic diseases such as heart disease, stroke, diabetes, and some cancers.



To enhance healthy and active lifestyles, two priority goals have been addressed in the 2011-2016 Nebraska Physical Activity and Nutrition State Plan:

- Increase physical activity
- Decrease television viewing

CHILDREN AND ADOLESCENTS

According to the 2008 *Physical Activity Guidelines for Americans*, there is strong evidence that children and adolescents benefit from daily physical activity through improved cardio respiratory and muscular fitness, bone health, cardiovascular and metabolic health biomarkers (blood pressure, cholesterol, and triglycerides), and favorable body composition. There is moderate evidence that daily physical activity also reduces symptoms of depression.

For substantial health benefits, children and adolescents should participate in at least 60 minutes or more per day of aerobic activity with most of the activity of moderate or intensity and with vigorous intensity physical activity on at least three days of the week. Muscle-strengthening and bone-strengthening activity should also be included at least three days per week.

Recommended Physical Activity for Children and Adolescents (6-17 Years of Age)

| TYPE | TIME | EXAMPLES |
|----------------------|--|--|
| Aerobic Activity | 60 minutes or more a day should be moderate intensity | Hiking, brisk walking, bicycle riding, yard work, sports |
| | At least 3 days/week some of the 60 minutes should be done at vigorous intensity | Jumping rope, martial arts, running, dancing, swimming, sports |
| Muscle-Strengthening | At least 3 days a week and in combination with aerobic activity | Playing on playground equipment, climbing trees, resistance training |
| Bone-Strengthening | At least 3 days a week and in combination with aerobic activity | Running, jumping rope, basketball, tennis, hopscotch |

Source: 2008 *Physical Activity Guidelines for Americans*

ADULTS

According to the 2008 *Physical Activity Guidelines for Americans* report, adults and older adults enjoy a long list of benefits of an active lifestyle. It includes: lower risk of early death, diseases of the heart and vascular system, diabetes, breast and colon cancer and prevention of weight gain, weight loss (when combined with reduced calorie intake), improved cardio respiratory and muscular fitness, and reduced depression. For older adults there is strong evidence for better cognitive function in those who are physically active and moderate evidence for better functional health, reduced abdominal obesity, hip fracture, lung cancer and maintenance after weight loss.

For substantial health benefits for adults and older adults, the *Guidelines* indicate

1. All adults should avoid inactivity and adults who participate in any amount of physical activity gain some health benefits.
2. Adults should do at least 2.5 hours (150 minutes) of moderate–intensity activity or 75 minutes of vigorous activity or a equivalent combination of both per week (categorized as “Active”).

3. For additional and more extensive health benefits adults should increase their aerobic activity to 300 minutes of moderate or 150 minutes of vigorous intensity physical activity or an equivalent combination of both per week (categorized as “Highly Active”).
4. The *Guidelines* also recommend that adults do muscle—strengthening activities that involve all major muscle groups on two or more days a week and older adults should do exercises that maintain or improve balance if they are at risk for falling.

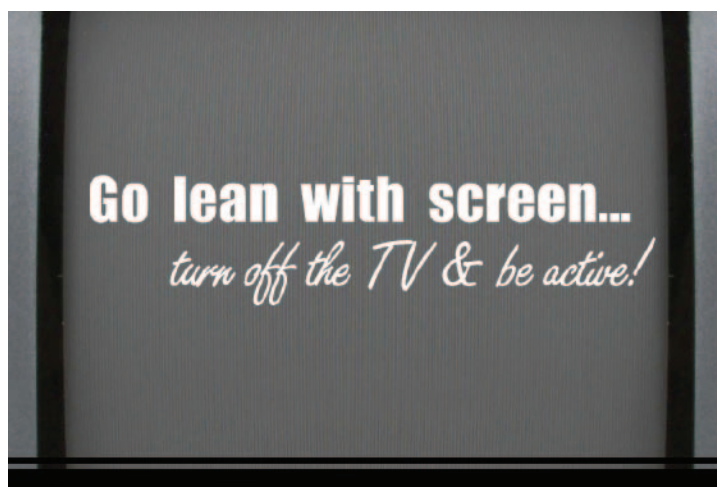
Recommended Physical Activity for Adults (18-65 Years of Age) and Older Adults (65+ Years of Age)

| TYPE | TIME | EXAMPLES |
|----------------------|---|--|
| Aerobic Activity | Most of the 150 minutes a week should be at moderate intensity | Ballroom dancing, bicycle riding, general gardening, walking briskly |
| | Or 75 minutes should be at vigorous intensity | Aerobic dance, jumping rope, martial arts, jogging, running |
| Muscle-Strengthening | At least 2 days a week and in combination with aerobic activity | Resistance training with dumbbells or resistance bands, calisthenics, or body weight activities such as push ups |

Source: 2008 *Physical Activity Guidelines for Americans*

DECREASING TELEVISION VIEWING

Television viewing is a common sedentary activity that both adults and children enjoy. However, adults and children who watch too much television are less active, demonstrate decreased academic performance and often suffer from sleep disturbances. Most children in the U.S. watch 20



to 30 hours of television every week. In a year, the average child spends 900 hours in school and nearly 1,023 hours in front of a television. That is 1,023 hours that families could spend together playing, riding bikes, going for a family walk, or engaging friends in games.

The American Academy of Pediatrics has recommended that:

- Children aged two and under should not watch any television.
- Older children and adults should watch TV no more than 1-2 hours per day.

HIGHLIGHTS FROM THE PLAN

Enhancing Environments and Policies in the Schools

Environment and policy strategies aimed at improving physical activity among youth can be achieved in various settings, including communities and schools. Enhancing community design can provide environmental opportunities for active and safe transportation to and from school (e.g. sidewalks and bicycle trails) and accessible and affordable places for recreation (e.g. parks, playgrounds and community centers). In addition, community policies, such as joint use agreements between community governments, schools, and parks and recreation departments, allow youth and their families to use parks, recreation facilities, and schools after hours for leisure time physical activity without the concern for facility staffing, liability, and safety issues.

Schools are also a great setting for implementing environment and policy strategies to improve youth physical activity behaviors, including increasing the amount of time spent in physical education; access and time for recess; before and after school programming; and in-classroom time spent being physically active. The Nebraska Department of Education along with the Nebraska Department of Health and Human Services has worked collaboratively to implement such strategies as part of the state's Coordinated School Health (CSH) Initiative.

Nebraska's CSH Initiative purposefully integrates the efforts and resources of education and health to improve the health, well-being, and academic success of students and staff in local schools and districts across the state. Institute-style CSH trainings provide a practical, systematic, and cost-effective approach to promote the adoption of health enhancing behaviors

at the local level. The trainings focus on enhancing and implementing school health advisory councils, school wellness policies, needs assessment, action planning (policy and environmental changes), and evaluation.

Physical Activity in the Workplace

Many adults can be reached in the workplace. Although many businesses, particularly large ones, promote employee wellness, most of them lack a comprehensive worksite wellness program. Worksites remain one of the major areas where health promotion and disease prevention interventions can achieve widespread impact. The recently released National Prevention Strategy Plan and the National Physical Activity Plan have stated that “improving workplace policies and programs” can increase physical activity.

The *2010-2011 Nebraska Worksite Wellness Survey Report* suggests that there are limited opportunities to be physically active in workplaces across the state. Policies that support break times for activity, flextime, and incentives for activity have been identified as potential areas for adopting policy. In addition, environmental changes for improved access can occur through stairwell enhancement efforts, designating walking routes and recreation opportunities near work, and encouraging employees to actively commute.

Most businesses that are lacking a comprehensive worksite wellness program in Nebraska are usually small to medium in size, located in rural areas, and lack the resources necessary to have wellness programming. Local implementation of active living strategies in the 2011-2016 Nebraska Physical Activity and Nutrition State Plan presents an opportunity to spark policy and environmental change activities in rural-based businesses. This opportunity can be enhanced by the current local health department infrastructure and through the three regional worksite wellness coalitions (WorkWell, Wellness Council of the Midlands (WELCOM), and Panhandle Worksite Wellness Council) which can assist in successfully implementing worksite wellness activities, especially with an emphasis on increasing opportunities for physical activity.

2011-2016 NEBRASKA PHYSICAL ACTIVITY AND NUTRITION STATE PLAN

The following strategies and activities were selected by the Partners N Health statewide partnership.

ACTIVE LIVING STRATEGIES AND ACTIVITIES

| STRATEGIES | ACTIVITIES |
|--|---|
| Strategy #1 Settings: Child Care Facilities, Schools, Communities Enhance access to physical activity opportunities, including physical education, in Nebraska schools, child care and afterschool facilities. | A. Implement and promote active transportation (walking and biking) in Nebraska schools and communities. |
| | B. Provide access to and opportunities for physical activity before, during, and after school. |
| | C. Provide teachers and child care providers with professional development to educate them “how” to integrate physical activity and reduce screen time during the day. |
| | D. Implement and promote joint use agreements between schools, parks and recreation departments, and communities. |
| Strategy #2 Setting: Schools Enhance policies for physical activity, inclusive of physical education, in Nebraska schools. | A. Implement and promote the Coordinated School Health (CSH) Policy passed by the Nebraska State Board of Education. |
| | B. Advocate for state and/or local district policy increasing the required minutes of physical education in Nebraska schools. |
| | C. Advocate for state and/or local district policy increasing the required minutes of recess for elementary school students in Nebraska schools. |
| | D. Advocate for state and/or local district policy requiring physical education and/or health education classes for high school graduation. |

| STRATEGIES | ACTIVITIES |
|--|--|
| <p>Strategy #3 Setting: Communities Enhance the transportation systems built environment and policies that improve access to physical activity in Nebraska communities.</p> | <p>A. Expand and enhance the connectivity for bike lanes, sidewalks, paths, and trails through neighborhoods and within communities.</p> <p>B. Advocate for and implement state and/or local policy for Complete Streets Initiatives.</p> <p>C. Increase and maintain funding streams to improve, enhance, and sustain bike lanes, sidewalks, paths, and trails.</p> |
| <p>Strategy #4 Setting: Communities Enhance community planning and design practices through built environment and policy changes that improve access to physical activity in Nebraska communities.</p> | <p>A. Utilize community comprehensive plans to promote supportive environments for active lifestyles.</p> <p>B. Develop and promote community areas that retain green spaces, including recreation facilities.</p> <p>C. Include health as a criterion in community planning by utilizing health impact assessments (HIAs).</p> <p>D. Encourage state and local inter-agency coordination between planning, transportation, health, education, and parks and recreation departments.</p> |
| <p>Strategy #5 Setting: Communities Enhance the parks and recreation built environment and policies that improve access to physical activity in Nebraska communities.</p> | <p>A. Reduce barriers (e.g. safety, cost, transportation, and accessibility) to outdoor recreation facilities. Expand networks for all populations to access trails that connect from urban/suburban areas to rural areas.</p> <p>B. Promote the use of existing parks, recreational facilities, fitness centers, and sports programs as opportunities for physical activity.</p> <p>C. Advocate for policies that improve access, sustain funding, and reduce barriers to increase physical activity within communities.</p> |

| STRATEGIES | ACTIVITIES |
|---|--|
| <p>Strategy #6 Settings: Workplaces, Healthcare Enhance worksite and healthcare supports for physical activity.</p> | <p>A. Educate business leaders on how to incorporate wellness and healthy lifestyles into their business models.</p> |
| | <p>B. Identify, summarize, and disseminate best practices, models, and evidence-based physical activity interventions in the workplace.</p> |
| | <p>C. Make physical activity, including screen time and media usage, a patient “vital sign” that all health care providers assess and provide counseling for their patients</p> |



Coordinated School Health in the Norris School District in Firth.

Breastfeeding



www.partnersnhealth.org/breastfeeding

BREASTFEEDING

According to the CDC, the protection, promotion, and support of breastfeeding are all critical public health needs.

Breastfeeding success is not only determined by the desire of the mother to nurse her infant, but largely by the support system surrounding her, including her hospital care experience, workplace support, community resources, and friend and family support.



According to the Nebraska Breastfeeding Report Card, breastfeeding by Nebraska mothers is near the national average but substantially below the National Healthy People 2020 goals. For example, 76% of Nebraska mothers were breastfeeding in 2009 as compared to the 2020 goal of 82%. At three months, 31.7% of mothers in Nebraska were breastfeeding, which is well below the 2020 goal of 46.2%.

The Surgeon General's *Call to Action to Support Breastfeeding* outlines supportive steps that can be taken by communities, healthcare, employers, researchers, public health, and mothers and their families. By adopting a collaborative, shared spirit of responsibility to create policies and environments to support breastfeeding, more mothers across Nebraska will be able to meet their breastfeeding goals.

The breastfeeding priority goal addressed in the Nebraska Physical Activity and Nutrition State Plan is:

- Increase breastfeeding initiation, duration, and exclusivity

The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding (no water, juice, or other foods/formula) for approximately the first six months of life. Once solids are introduced at or after six months, it is recommended that breastfeeding continue as the primary nutrient supply for at least 12 months, and thereafter for as long as mother and baby desire.

HIGHLIGHTS FROM THE PLAN

The four breastfeeding strategies in the 2011-2016 Nebraska Physical Activity and Nutrition State Plan span across three key settings: workplace, health care, and communities.

“Everyone can help make breastfeeding easier.”

— Surgeon General’s Call to Action to Support Breastfeeding.

Expanding Breastfeeding Support in Healthcare Settings

According to the CDC Maternity Practices in Infant Nutrition and Care (mPINC) Survey, maternity practices in hospitals and birth centers can influence breastfeeding behaviors during periods prior to the successful establishment of lactation. The establishment of evidence-based maternity care practices that support breastfeeding in Nebraska hospitals is a critical step to help meet the Healthy People 2020 breastfeeding goals.

Successful initiation of lactation largely depends on the hospital policies and practices in support of breastfeeding and improving these policies and practices has the potential to determine the duration and exclusivity of breastfeeding. According to a 2007 CDC mPINC survey, hospitals and birth centers in Nebraska had a combined mPINC score of 57 as compared to a combined national score of 63. Of the 52 states participating in the mPINC survey, Nebraska ranked 40th, which indicates a high potential for improvement. In addition, only 2% of facilities in Nebraska have comprehensive breastfeeding policies which include all model breastfeeding policy components recommended by the Academy of Breastfeeding Medicine (ABM). According to the mPINC survey, hospitals and birth centers with comprehensive policies consistently have the highest rates of exclusive breastfeeding, regardless of patient population characteristics such as ethnicity, income, and payer status.

Improvement in maternity care practices in all health districts across Nebraska has the potential to significantly promote and support breastfeeding mothers and infants. This initiative would be the largest policy effort in support of breastfeeding ever undertaken in Nebraska and it has the potential to be highly successful.

Breastfeeding Policies and Environments in Workplaces, Institutional Settings, and Child Care Facilities

According to the 2010 Bureau of Labor Statistics, half of the female workforce in Nebraska is of childbearing age. Therefore, Nebraska employers seeking to obtain and retain experienced employees of childbearing age must consider making their work environments more supportive of working mothers. Supporting breastfeeding in the workplace not only impacts retention, but it can also minimize sick time taken by working parents due to children's illnesses, which can ultimately lower health care costs.

One important activity identified in the State Plan is to educate employers and working mothers regarding recent federal legislation that requires employers to provide both time and private space for breastfeeding and pumping during work hours. Educational materials and model policies provided to employers about how supporting their employees who breastfeed benefits can help them make changes. State and local worksite recognition programs could also be established to honor employers who support their breastfeeding employees.



The Nebraska Breastfeeding Coalition and the Nebraska Medical Association joined forces to get legislation passed that would increase awareness, decrease barriers, and show support for breastfeeding in the state.

2011-2016 NEBRASKA PHYSICAL ACTIVITY AND NUTRITION STATE PLAN

The following strategies and activities were selected by the Partners N Health statewide partnership.

BREASTFEEDING STRATEGIES AND ACTIVITIES

| STRATEGIES | ACTIVITIES |
|--|---|
| Strategy #1 Setting: Workplaces Increase support for breastfeeding in the workplace. | A. Educate employers and working mothers regarding federal legislation that requires employers to provide both time and private space for breastfeeding/pumping during work hours. Use the “Business Case for Breastfeeding” to encourage all businesses to adopt a written policy and to support and promote breastfeeding as a means to increase productivity, retention, and satisfaction of employees. |
| | B. Identify and advocate for emerging practices for breastfeeding support in the workplace. |
| | C. Establish and implement a recognition program to promote and support businesses that support breastfeeding. |
| Strategy #2 Settings: Communities, Healthcare Increase number of peer and professional support programs/providers. | A. Establish, expand, and promote community-level based network of peer and professional support people and resources. |
| | B. Provide material and training for physicians and other health professionals that can be used throughout the state. |
| | C. Identify and communicate areas in need of increased peer and professional breastfeeding supports. |

| STRATEGIES | ACTIVITIES |
|--|--|
| Strategy #2 continued | D. Promote use of breastfeeding curriculum in all nursing and medical education programs, focusing on obstetric, pediatric, and family practice providers. |
| Strategy #3 Setting: Healthcare Increase number of hospitals providing maternity care practices supportive of breastfeeding. | A. Review, promote, and train staff on hospital breastfeeding policies. |
| Strategy #4 Setting: Communities Increase public acceptance and support of breastfeeding. | A. Monitor and promote legislation protecting the right of women to breastfeed in public. |
| | B. Increase positive portrayals of breastfeeding in the media. |
| | C. Promote the inclusion of breastfeeding education as part of health curriculum in schools and other health programs geared toward girls/women (include body image messages dispelling myths). |



Nebraska mom at Husker Spring Game celebrating the new Nebraska state statute protecting her right to nurse in public. Read full success story at www.partnersnhealth.org

Evaluation



www.partnersnhealth.org

EVALUATION OF THE PLAN

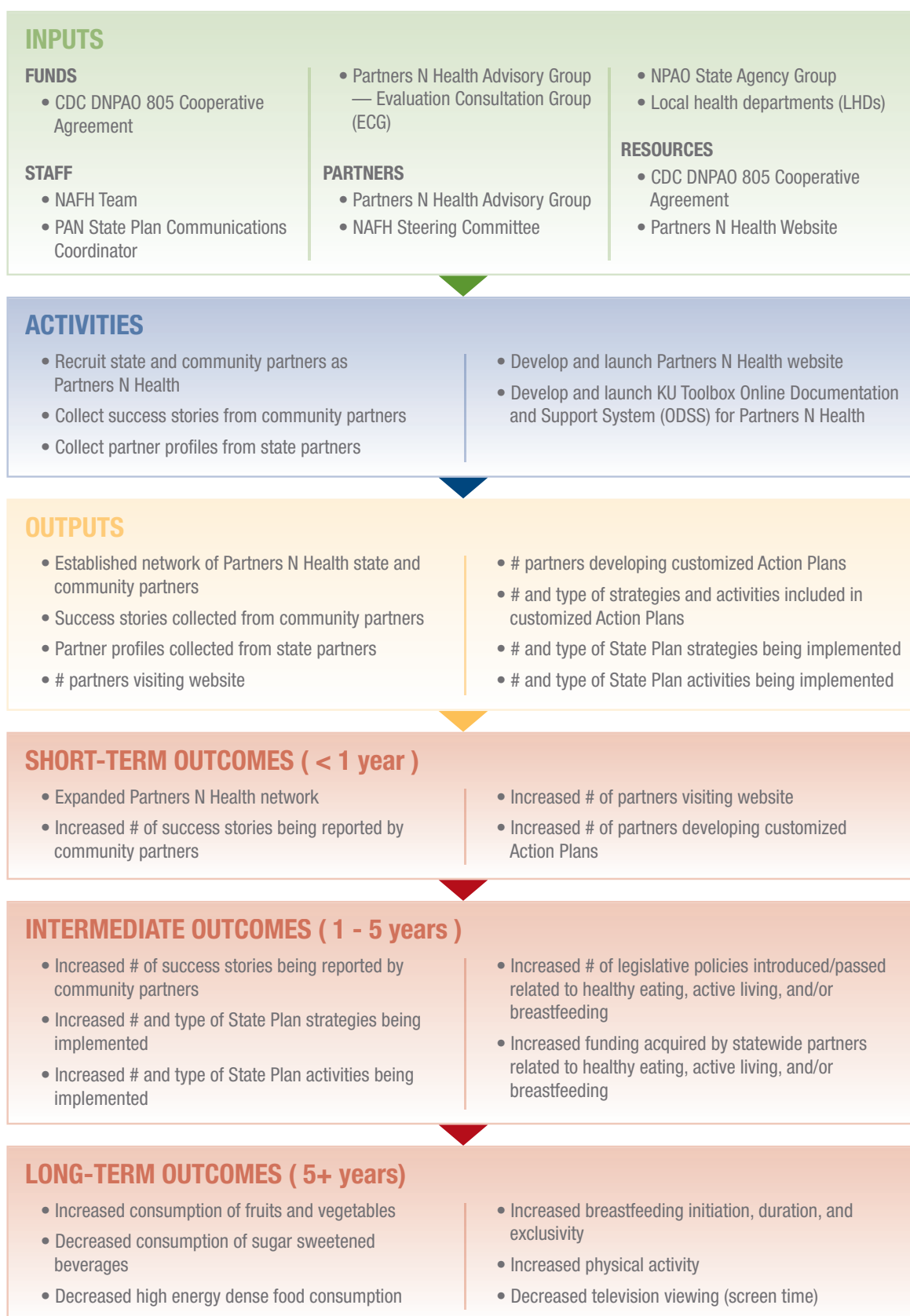
The impact of the 2011-2016 Nebraska Physical Activity and Nutrition State Plan is being evaluated on many levels. The logic model described on the next page in Figure 5 helped to guide the evaluation of the State Plan, including the selection of evaluation questions and target outcomes, evaluation timelines, and measurement tools.

The evaluation plan for the targeted short-term and intermediate outcomes is outlined in the State Plan Evaluation Plan Table 1. Short-term outcomes (<1 year) focus on partners' use of the State Plan, particularly the Partners N Health website. Intermediate outcomes (1-5 years) focus on the reach and impact of the State Plan. The Partners N Health Online Documentation and Support System (ODSS), designed in conjunction with the University of Kansas (KU) Work Group, is one tool being used to evaluate the State Plan's reach and impact. The ODSS is a web-based recording, measurement, and reporting tool designed to support participatory research and evaluation of community health and development initiatives. Specifically, the Partner N Health ODSS will help answer the question, "To what extent are partners across Nebraska implementing strategies and activities from the State Plan?" Results from the ODSS will help to highlight successes and gaps in State Plan implementation. Strategies and activities outlined in the State Plan will also be monitored at various intervals using a wide variety of state and national surveillance tools, which are detailed in the next section.

To determine if long-term outcomes (i.e. the six CDC Priority Goals) addressed in the plan are changing in the desired direction, existing data sources including the Nebraska Behavioral Risk Factor Surveillance System (BRFSS), the Nebraska Youth Risk Behavior Survey (YRBS), the National Immunization Survey (NIS), and the National Survey of Children's Health (NSCH), will be examined on an annual basis.

Special focus will be given to evaluate progress made in reaching populations experiencing health disparities and reducing these disparities. Existing surveillance systems will be utilized to assess the impact of policy and environmental changes in rural areas and on minority, low-income, and other vulnerable populations.

Figure 5. Nebraska Physical Activity and Nutrition (PAN) State Plan – Partners N Health Logic Model



Surveillance Plan Priority Goals

| GOALS | TARGET:BY JULY 2016... | DATA SOURCE | BASELINE | RELATED HP2020 OBJECTIVE |
|--|---|---|--------------------------|---|
| Increase consumption of fruits & vegetables | Increase % of Nebraska adults consuming 5 or more servings of fruits and vegetables per day | Nebraska Behavioral Risk Factor Surveillance System (BRFSS) | 2009: 20.9% | NWS 14 & NWS 15- Increase the contribution of fruits and vegetables to the diets of the population aged 2 years and older |
| | Increase % of Nebraska 9th-12th grade students who reported eating fruits ≥ 2 times/day and vegetables ≥ 3 times/day during the past 7 days | Nebraska Youth Risk Behavior Survey (YRBS) | 2009: 6.9% | |
| Decrease sugar sweetened beverage consumption | Decrease % of Nebraska 9th-12th grade students who reported drinking a can, bottle, or glass of soda/pop ≥ 1 times/day during the past 7 days | Nebraska Youth Risk Behavior Survey (YRBS) | 2009: 23.8% | NWS 17.2- Reduce consumption of calories from added sugars |
| Reduce high energy dense food consumption | Decrease % of Nebraska adults who are obese | Nebraska Behavioral Risk Factor Surveillance System (BRFSS) | 2010: 27.5% | NWS 9- Reduce the proportion of adults who are obese |
| | Decrease % of Nebraska 9th-12th grade students who are obese | Nebraska Youth Risk Behavior Survey (YRBS) | 2009: 11.6% | NWS 10- Reduce the proportion of children and adolescents who are considered obese |
| | Decrease % of Nebraska children ages 10-17 years who are obese | National Survey of Children's Health (NSCH) | 2007: 15.8% | |
| Increase breastfeeding initiation, duration, and exclusivity | Increase % of Nebraska mothers who reported initiating breastfeeding" | National Immunization Survey (NIS) | 2007 Birth Cohort: 75.5% | MICH 21.1- Increase the proportion of infants who are breastfed ever |
| | Increase % of Nebraska mothers who reported continuing breastfeeding at 12 months | National Immunization Survey (NIS) | 2007 Birth Cohort: 23.9% | MICH 21.2- Increase the proportion of infants who are breastfed at 1 year |
| | Increase % of Nebraska mothers who reported exclusively breastfeeding at 6 months | National Immunization Survey (NIS) | 2007 Birth Cohort: 12.4% | MICH 21.5- Increase the proportion of infants who are breastfed exclusively through 6 months |

Surveillance Plan Priority Goals

| GOALS | TARGET:BY JULY 2016... | DATA SOURCE | BASELINE | RELATED HP2020 OBJECTIVE |
|---|---|---|-------------|--|
| Increase physical activity | Increase % of Nebraska adults meeting 2008 Physical Activity Guidelines | Nebraska Behavioral Risk Factor Surveillance System (BRFSS) | 2009: 67.6% | PA 2- Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity |
| | Increase % of Nebraska 9th-12th grade students who reported being physically active for a total of at least 60 minutes daily during the past seven days | Nebraska Youth Risk Behavior Survey (YRBS) | 2009: 17.7% | PA 3- Increase the proportion of adolescents who meet current federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity |
| Decrease television viewing (screen time) | Decrease % of Nebraska 9th-12th grade students who reported watching TV 3+ hours per day on an average school day | Nebraska Youth Risk Behavior Survey (YRBS) | 2009: 22.9% | PA 8.2- Increase the proportion of children and adolescents aged 2 years through 12th grade who watch television, videos, or play video games for no more than 2 hours a day |
| | Decrease % of Nebraska 9th-12th grade students who reported playing video/computer games (or using a computer for something that was not school work) 3+ hours per day on an average school day | Nebraska Youth Risk Behavior Survey (YRBS) | 2009: 17.4% | PA 8.3- Increase the proportion of children and adolescents aged 2 years to 12th grade who use a computer or play computer games outside of school (for nonschool work) for no more than 2 hours a day |
| | Decrease % of Nebraska children ages 1-5 years who watch 1 or more hours of TV per day | National Survey of Children's Health (NSCH) | 2007: 51.4% | N/A |

Healthy People (HP) 2020 Objectives: NWS= Nutrition and Weight Status, MICH=Maternal and Infant Health, PA=Physical Activity

Surveillance Plan: Healthy Eating Strategies

| STRATEGIES | TARGET:BY JULY 2016... | DATA SOURCE | BASELINE |
|---|---|--|-------------|
| Improve the availability and access of affordable healthier foods and beverages, including fruits, vegetables and water, in local retail venues in underserved areas | Increase % of census tracts that have healthier food retailers located within the tract or within 1/2-mile of tract boundaries | CDC State Indicator Report on Fruits & Vegetables | 2009: 64.0% |
| | Increase # of farmers markets per 100,000 state residents | CDC State Indicator Report on Fruits & Vegetables | 2009: 3.8% |
| | Increase % of farmers markets that accept electronic benefits transfer (EBT) | CDC State Indicator Report on Fruits & Vegetables | 2009: 1.5% |
| | Increase % of farmers markets that accept WIC Farmers Market Nutrition Program coupons | System CDC State Indicator Report on Fruits & Vegetables | 2009: 1.5% |
| RELATED HP2020 OBJECTIVE: NWS 4- Increase the proportion of Americans who have access to a food retail outlet that sells a variety of foods that encouraged by the Dietary Guidelines for Americans | | | |
| Ensure access to and promote healthful foods, including fruits and vegetables and water, while limiting access to sugar-sweetened beverages, in worksite settings (foodservice, cafeteria, vending machines, meetings, conferences, and events) | Increase % of worksites with policies or guidelines encouraging healthful food options to be served at staff meetings | Nebraska Worksite Wellness Survey | 2011: 16.6% |
| | Increase % of worksites that offer healthful food options in vending machines | Nebraska Worksite Wellness Survey | 2011: 9.0% |
| | Increase % of worksites that offer healthful beverage options in vending machines | Nebraska Worksite Wellness Survey | 2011: 27.3% |
| | Increase % of worksites that offer healthier food alternatives in vending machines | Nebraska Worksite Wellness Survey | 2011: 15.7% |
| | Increase % of worksites that have posted signs to promote healthful food/beverage options or healthier food alternatives in the vending machines in the past 12 months | Nebraska Worksite Wellness Survey | 2011: 5.6% |
| | Increase % of worksites that have offered employees health or wellness programs, support groups, counseling session, or contests related to healthy eating or nutrition | Nebraska Worksite Wellness Survey | 2011: 19.9% |
| RELATED HP2020 OBJECTIVE: NWS 7 - Increase the proportion of worksites that offer nutrition or weight management classes or counseling | | | |

Surveillance Plan: Healthy Eating Strategies

| STRATEGIES | TARGET:BY JULY 2016... | DATA SOURCE | BASELINE |
|---|--|---|-------------|
| Ensure that policies at childcare facilities and schools (PK-12) promote healthier foods and beverages, with an emphasis on F+V and water | Increase % of elementary schools that ever used the School Health Index or other self-assessment tool to assess school policies, activities, and programs in nutrition | School Health Profiles | 2010: 23.0% |
| | Increase % of secondary schools that ever used the School Health Index or other self-assessment tool to assess school policies, activities, and programs in nutrition | School Health Profiles | 2010: 33.1% |
| | Increase % of elementary schools with a School Improvement Plan that includes health-related goals and objects on nutrition services and foods and beverages available at school | School Health Profiles | 2010: 25.5% |
| | Increase % of secondary schools with a School Improvement Plan that includes health-related goals and objects on nutrition services and foods and beverages available at school | School Health Profiles | 2010: 33.0% |
| | Increase # of in-home child care facilities that follow NAP SACC Best Practice Recommendations for Child Care Facilities: N9 Nutrition Policy | DHHS/NAFH Little Voices for Healthy Choices Initiative database | N/A |
| Expand curriculum-based strategies and activities that support nutrition standards (including an emphasis on F+V and healthy beverages/water) in childcare facilities and schools (PK-12) | Increase % of secondary schools in which teachers taught all 14 nutrition and dietary behavior topics in a required course for students in any of grades 6 through 12 | School Health Profiles | 2010: 66.8% |
| | Increase % of secondary schools that provided parents and families with health information designed to increase parent and family knowledge of nutrition and healthy eating during the current school year | School Health Profiles | 2010: 42.4% |
| | Increase # of in-home child care facilities that follow NAP SACC Best Practice Recommendations for Child Care Facilities: N8 Nutrition Education | DHHS/NAFH Little Voices for Healthy Choices Initiative database | N/A |

Surveillance Plan: Healthy Eating Strategies

| STRATEGIES | TARGET:BY JULY 2016... | DATA SOURCE | BASELINE |
|---|--|---|-------------|
| Ensure that children in schools and childcare facilities have affordable, appealing healthy choices in foods and beverages offered outside of the child nutrition program | Increase % of elementary schools that always or almost always offer fruits or non-fried vegetables at school celebrations when foods or beverages are offered | School Health Profiles | 2010: 17.3% |
| | Increase % of secondary schools that always or almost always offer fruits or non-fried vegetables at school celebrations when foods or beverages are offered | School Health Profiles | 2010: 15.9% |
| | Increase # of in-home child care facilities that follow NAP SACC Best Practice Recommendations for Child Care Facilities: N6 Foods Offered Outside of Regular Meals and Snacks | DHHS/NAFH Little Voices for Healthy Choices Initiative database | N/A |
| RELATED HP2020 OBJECTIVE: NWS 2 - Increase the proportion of schools that offer nutritious foods and beverages outside of school meals | | | |
| RELATED HP2020 OBJECTIVE: NWS 1 - Increase the number of states with nutrition standards for foods and beverages provided to preschool-aged children in child care | | | |

Surveillance Plan: Active Living Strategies

| STRATEGIES | TARGET:BY JULY 2016... | DATA SOURCE | BASELINE |
|--|---|---|----------------------------------|
| Enhance access to physical activity opportunities, inclusive of physical education, in Nebraska schools, childcare and afterschool facilities | Increase % of elementary schools that offer opportunities for all students to participate in intramural activities or physical activity clubs | School Health Profiles | 2010: 42.6% |
| | Increase % of secondary schools that offer opportunities for all students to participate in intramural activities or physical activity clubs | School Health Profiles | 2010: 45.9% |
| | Increase % of elementary schools that require physical education for students in any of grades K through 5 | School Health Profiles | 2010: 98.4% |
| | Increase % of secondary schools that require physical education for students in grades 9, 10, 11, and 12, respectively | School Health Profiles | 2010: 89.0%, 48.5%, 21.3%, 21.2% |
| | Increase # of in-home child care facilities that follow NAP SACC Best Practice Recommendations for Child Care Facilities: PA1 Active Play and Active Time | DHHS/NAFH Little Voices for Healthy Choices Initiative database | N/A |
| | Increase # of in-home child care facilities that follow NAP SACC Best Practice Recommendations for Child Care Facilities: PA2 Play Environment | DHHS/NAFH Little Voices for Healthy Choices Initiative database | N/A |
| | Increase # of in-home child care facilities that follow NAP SACC Best Practice Recommendations for Child Care Facilities: PA4 Physical Activity Education | DHHS/NAFH Little Voices for Healthy Choices Initiative database | N/A |
| RELATED HP2020 OBJECTIVE: PA 4- Increase the proportion of the Nation's public and private schools that require daily physical education for all students | | | |
| Enhance policies for physical activity, inclusive of physical education, in Nebraska schools | Increase % of elementary schools that require physical education for students in any of grades K through 5 | School Health Profiles | 2010: 98.4% |
| | Increase % of secondary schools that require physical education for students in grades 9, 10, 11, and 12 | School Health Profiles | 2010: 89.0%, 48.5%, 21.3%, 21.2% |

Surveillance Plan: Active Living Strategies

| STRATEGIES | TARGET:BY JULY 2016... | DATA SOURCE | BASELINE |
|--|---|---|--|
| (continued...) Enhance policies for physical activity, inclusive of physical education, in Nebraska schools | Increase % of secondary schools in which teachers taught all 12 physical activity topics in a required course for students in any of grades 6 through 12. | School Health Profiles | 2010: 58.5% |
| RELATED HP2020 OBJECTIVE: PA 4- Increase the proportion of the Nation's public and private schools that require daily physical education for all students | | | |
| Enhance the transportation built environment and policies that improve access to physical activity in Nebraska communities | Introduce/enact at least one state-level transportation and travel policy | CDC State Indicator Report on Physical Activity | N/A |
| | Increase the # of community-level transportation and travel policies, including Complete Streets Initiatives, enacted | N/A | 2011: 1 (Bellevue) |
| RELATED HP2020 OBJECTIVE: PA 15.3- Increase legislative transportation and travel policies for the built environment that enhance access to and availability for physical activity opportunities | | | |
| Enhance the transportation systems built environment and policies that improve access to physical activity in Nebraska communities | Introduce/enact at least one state-level community-scale urban design/land use policy | CDC State Indicator Report on Physical Activity | N/A |
| | Introduce/enact at least one state-level street-scale urban design/land use policy | CDC State Indicator Report on Physical Activity | N/A |
| RELATED HP2020 OBJECTIVE: PA 15.1 & PA 15.2- Increase legislative community-scale and street-scale policies for the built environment that enhance access to and availability for physical activity opportunities | | | |
| Enhance community planning and design practices through built environment and policy changes that improve access to physical activity in Nebraska communities | Increase % of youth with parks, community centers and sidewalks in neighborhood | National Survey of Children's Health (NSCH) | 2007: 54.6% |
| | Increase total # acres of public and private recreation lands and water in state | Nebraska Statewide Comprehensive Outdoor Recreation Plan (SCORP) Survey | Public: 1,166,852, Private: 900,761 |
| | Increase total # acres per person of public and private recreation lands and water in state | Nebraska Statewide Comprehensive Outdoor Recreation Plan (SCORP) Survey | Public: 0.70, Private: 0.88 |

Surveillance Plan: Active Living Strategies

| STRATEGIES | TARGET:BY JULY 2016... | DATA SOURCE | BASELINE |
|--|---|---------------------------------------|-------------------------------------|
| (continued...) Enhance community planning and design practices through built environment and policy changes that improve access to physical activity in Nebraska communities | Increase total # miles of existing and planned trails in Nebraska | Nebraska Community Trail Inventory | 2004: 403 (Existing), 859 (Planned) |
| Enhance the parks and recreation built environment and policies that improve access to physical activity in Nebraska communities | Increase % of worksites that have offered employees health or wellness programs, support groups, counseling session, or contests related to physical activity or exercise | Nebraska Worksite Wellness Survey | N/A |
| | Increase % of worksites that have policies supporting employee physical fitness | Nebraska Worksite Wellness Survey | N/A |
| | Increase % of worksites that provide incentives to employees for engaging in physical activity | Nebraska Worksite Wellness Survey | N/A |
| | Increase % of worksites that have policies encouraging employees to commute to work by walking or biking | Nebraska Worksite Wellness Survey | N/A |
| | Increase % of worksites that have one or more walking route(s) to employees | Nebraska Worksite Wellness Survey | N/A |
| | Increase % of worksites that posts signs to promote use of stairs within worksite | Nebraska Worksite Wellness Survey | N/A |
| | Increase # of health care providers assessing youth physical activity behaviors at annual visit | Foster Healthy Weight in Youth Survey | N/A |
| RELATED HP2020 OBJECTIVE: PA 12- Increase the proportion of employed adults who have access to and participate in employer-based facilities and exercise programs | | | |
| RELATED HP2020 OBJECTIVE: PA 11- Increase the proportion of physical office visits that include counseling or education related to physical activity | | | |

Surveillance Plan: Breastfeeding Strategies

| STRATEGIES | TARGET:BY JULY 2016... | DATA SOURCE | BASELINE |
|--|---|---|-------------------------------------|
| Increase support for breastfeeding in the workplace | Increase % Nebraska businesses that have a written policy supporting breastfeeding | Nebraska Worksite Wellness Survey | 2011: 9.5% |
| | Increase % Nebraska businesses that provide a private, secure lactation room on-site | Nebraska Worksite Wellness Survey | 2011: 24.1% |
| | Increase % Nebraska businesses that allow time in addition to normal breaks for lactating mothers to express breast milk during the workday | Nebraska Worksite Wellness Survey | 2011: 31.6% |
| | Increase % of worksites that have offered employees health or wellness programs, support groups, counseling session, or contests related to breastfeeding/lactation | Nebraska Worksite Wellness Survey | 2011: 3.3% |
| RELATED HP2020 OBJECTIVE: MICH 22- Increase the proportion of employers that have worksite lactation support programs | | | |
| Increase # of peer and professional support programs/providers | Increase # of lactation consultants in Nebraska | CDC Breastfeeding Report Card | 2.37 IBCLCs per 1,000 live births |
| | Increase # of La Leche groups in Nebraska | CDC Breastfeeding Report Card | 0.7 LL groups per 1,000 live births |
| | Increase # of WIC peer counselors | State WIC Program | 2010: 37 |
| Increase # of hospitals providing maternity care practices supportive of breastfeeding | Increase the Nebraska CDC Maternity Practices in Nutrition and Care (mPINC) Nebraska Composite Quality Practice Score | Maternity Practices in Infant Nutrition and Care Survey (mPINC) | 57 (2007 survey) |
| | Increase the # baby friendly hospitals | CDC Breastfeeding Report Card | 2011: 2 |
| RELATED HP2020 OBJECTIVE: MICH 24- Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies | | | |
| Increase public acceptance and support of breastfeeding | Increase # of public messages and partners in support of breastfeeding | TBD | N/A |

State Plan Evaluation Plan

| EVALUATION QUESTIONS | RESULTS | DATA SOURCE | TIMELINE | PERSON(S) RESPONSIBLE |
|--|---|---|-------------|--|
| Implementation | | | | |
| How is the Partners N Health website being utilized by partners? | # partners visiting website | Partners N Health Website | Quarterly | NAFH State Plan Communications Coordinator |
| | # partners developing customized Action Plans | | | |
| | # and type of strategies and activities included in customized Action Plans | | | |
| Process | | | | |
| Partners N Health partnership evaluation - Questions TBD | See DNPAO Evaluating Partnerships guidance document for suggested results | Partners N Health Partner Survey | Summer 2012 | NAFH Epidemiologist |
| Outcomes | | | | |
| Short-term / Intermediate Outcomes | | | | |
| What PAN State Plan strategies and activities are being implemented across the state? | # and type of State Plan strategies being implemented | KU Toolbox ODSS | Quarterly | KU Workgroup |
| | # and type of State Plan activities being implemented | KU Toolbox ODSS | Quarterly | KU Workgroup |
| What successes are resulting from implementation of the PAN State Plan? | Success stories from community partners | Success story templates | Ongoing | NAFH State Plan Communications Coordinator |
| How many legislative policies are introduced/passed in the state related to healthy eating, active living, and/or breastfeeding? | # legislative policies introduced/passed | Yale Rudd Center Legislative Database Archive | Annually | NAFH Epidemiologist |
| How much new funding is brought into the state related to healthy eating, active living, and/or breastfeeding? | new funding (\$) acquired by statewide partners | KU Toolbox ODSS | Annually | KU Workgroup |
| Long-term Outcomes | | | | |
| Are the 6 CDC Priority goals changing in the desired direction? | See PAN State Plan Surveillance Plan | BRFSS, YRBS, NIS, NSCH | Annually | NAFH Epidemiologist |

PLAN COMPONENTS

According to the CDC, a goal is a statement that explains what a program wishes to accomplish. It sets the fundamental, long-range direction. The CDC Priority Goals for healthy eating, active living, and breastfeeding form the foundation for the 2011-2016 Nebraska Physical Activity and Nutrition State Plan.

Objectives break the goal down into smaller parts that provide specific, measurable actions by which the goal can be accomplished. The CDC promotes the development and use of SMART objectives for planning. SMART objectives address all of the questions outlined below.

SMART stands for:

Specific – What exactly are we going to do for whom?

Measurable – Is it quantifiable and can we measure it?

Attainable/Achievable – Can we get it done in the proposed time frame with the resources and support we have available?

Relevant – Will this objective have an effect on the desired goal or strategy?

Time bound – When will this objective be accomplished?

While CDC's SMART Objective terminology has not been used in the 2011-2016 State Plan, strategies and activities identified in the plan have been selected to be *specific, measurable and relevant*. Because they are designed to be used as the foundation for customized action plans, timelines have not been provided and attainability cannot be determined. Individuals working in any of the five settings to develop their own customized plans can use the State Plan's strategies and activities to form their own SMART objectives for healthy eating, active living, and breastfeeding initiatives. They can also develop their own target outcomes and evaluation plans based upon the models provided in the State Plan.

Evaluation plans for the strategies and activities in the State Plan reflect how the plan's strategies and activities intersect with the national Healthy People 2020 Objectives. While similar aims are evident in many areas, specific components of the State Plan reflect the needs and priorities of the state.

Appendix



www.partnersnhealth.org

APPENDICES

ACKNOWLEDGEMENTS

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PARTNERS N HEALTH ADVISORY GROUP

The Partners N Health Advisory Group was formed in April, 2009 to formalize stakeholder involvement, communication, and shared planning to develop, implement, and evaluate the 2011-2016 Nebraska Physical Activity and Nutrition State Plan. We are indebted to all of our hard-working team members.

Advisory Group Members - selected through a nomination process

| | |
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| Jamie Hahn, MEd Cardiovascular Health Program | |

TASK FORCES

Many individuals at the state and local levels served on three task forces that helped develop the Nebraska Physical Activity and Nutrition State Plan. They continue to serve as important links and catalysts within their organizations or communities as the plan is implemented. We thank them for their dedication and contributions.

Healthy Eating Task Force

| | |
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| Karen Miller Nebraska Dietetic Association | |



The Edward "Babe" Gomez Heritage Elementary School outdoor classroom in Omaha.

Active Living Task Force

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The Elmwood Park Outdoor Gym in Omaha.



Nursing Mothers Lounge at the Nebraska State Fair in Grand Island.

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| Karla Lester Teach a Kid to Fish | |

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We would also like to thank the following individuals for their work in our large planning meetings that led to the development of this document.

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DESIGN

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STRATEGIES LIST

HEALTHY EATING STRATEGIES

Strategy #1 Improve the availability and access of affordable healthier foods and beverages, including fruits, veggies, and water, in local retail venues in underserved areas.

Strategy #2 Ensure access to and promote healthful foods, including fruits and vegetables and water, while limiting access to sugar-sweetened beverages, in worksite settings (foodservice, cafeteria, vending machines, meetings, conferences, and events).

Strategy #3 Ensure that policies at childcare facilities and schools (PreK-12) promote healthier foods and beverages, with an emphasis on fruits, veggies, and water.

Strategy #4 Expand curriculum-based strategies and activities that support nutrition standards (including an emphasis on fruits, veggies, and healthy beverages/water) in child care facilities and schools (PK-12).

Strategy #5 Ensure that children in schools and childcare facilities have affordable, appealing healthy choices in foods and beverages offered outside of the child nutrition program.

ACTIVE LIVING STRATEGIES

Strategy #1 Enhance access to physical activity opportunities, including physical education, in Nebraska schools, child care and afterschool facilities.

Strategy #2 Enhance policies for physical activity, inclusive of physical education, in Nebraska schools.

Strategy #3 Enhance the transportation systems built environment and policies that improve access to physical activity in Nebraska communities.

Strategy #4 Enhance community planning and design practices through built environment and policy changes that improve access to physical activity in Nebraska communities.

Strategy #5 Enhance the parks and recreation built environment and policies that improve access to physical activity in Nebraska communities.

Strategy #6 Enhance workite and healthcare supports for physical activity.

BREASTFEEDING STRATEGIES

Strategy #1 Increase support for breastfeeding in the workplace.

Strategy #2 Increase number of peer and professional support programs/providers.

Strategy #3 Increase number of hospitals providing maternity care practices supportive of breastfeeding.

Strategy #4 Increase public acceptance and support of breastfeeding.

GLOSSARY

Advocacy Efforts are efforts used to create a shift in public opinion and mobilize the necessary resources and forces to support an issue, policy, or constituency.

Aerobic Activity is physical activity in which people move their large muscles in a rhythmic manner for a sustained period of time.

Behavioral Risk Factor Surveillance System (BRFSS) is a cross-sectional random-digit dial telephone survey of non-institutionalized U.S. adults aged 18 and older. Topics cover chronic diseases and injury related to the leading causes of premature morbidity and mortality. While the surveillance system is coordinated on the national level through the CDC, the Nebraska Health and Human Services Systems administers the data collection and reporting for the State of Nebraska. For more information, visit <http://www.dhhs.ne.gov/brfss/>.

Body Mass Index (BMI) is a tool for measuring weight status in both youth and adults. Body mass index measures body weight adjusted for height, and is a good proxy measure for body fat. It is calculated by dividing weight in kilograms by height in meters squared. The standard BMI categories for adults include: underweight (BMI less than 18.5 kg/m²), healthy weight (18.5-24.9 kg/m²), overweight (25-29.9 kg/m²), and obese (30 or more). For children (ages 2-20), the age and gender specific BMI categories include: underweight (<5th percentile), healthy weight (>5th percentile but < 85th percentile), overweight (>85th percentile but <95th percentile), and obese (>95th percentile). For more information on BMI or to calculate your BMI, visit <http://www.cdc.gov/healthyweight/assessing/bmi/index.html>.

Body Mass Index Formula: BMI: Weight (kg.) ÷ Height (m) ²

Bone-Strengthening Activity is physical activity in which a force (impact with the ground) is produced on a bone which promotes growth and strength.

Breastfeeding Exclusivity is achieved when an infant six months or younger receives human milk only and no other liquid or solid from any other source (including water).

Cardiovascular Disease (CVD) is any abnormal condition of the heart or blood vessels. Cardiovascular disease includes coronary heart disease, stroke, congestive heart failure, hypertensive disease, atherosclerosis, and many other conditions. Cardiovascular disease is also commonly referred to as “diseases of the circulatory system.”

Childhood Obesity describes children (ages 2-20) with a gender and age-specific BMI value > 95th percentile based on the 2000 CDC growth charts.

Childhood Overweight describes children (ages 2-20) with a gender and age specific BMI value > 85th percentile and < the 95th percentile based on the 2000 CDC growth charts.

Chronic Disease is an illness that is prolonged, does not resolve spontaneously, and is rarely cured completely.

Competitive Foods are foods and beverages offered at school, other than meals and snacks served through the federally reimbursed school lunch, breakfast and after-school snack programs.

Coordinated School Health is based on the premise that schools and communities can improve students' academic performance and overall physical well-being by promoting health in a systemic way. It is inclusive of the following eight components: health education, physical education, health services, nutrition services, counseling and psychological services, healthy school environment, health promotion for staff, and family and psychological services. It emphasizes needs assessment, planning based on data, sound science, and analysis of gaps and redundancies in school health programming, and evaluation.

Dietary Guidelines for Americans, 2010, are the federal government's evidence-based nutritional guidance to promote health, reduce the risk of chronic diseases, and reduce the prevalence of overweight and obesity through improved nutrition. The 2010 *Guidelines* focus on balancing calories with physical activity, and encourage Americans to consume more healthy foods like vegetables, fruits, whole grains, fat-free and low-fat dairy products, and seafood, and to consume less sodium, saturated and trans fats, added sugars, and refined grains.

Energy Density is the amount of energy (kilocalories or kcal) in a gram (g) of food.

Environmental Change: Alteration or change to physical, social, or economic environments designed to influence behaviors.

Fruits & Veggies – More Matters Initiative is a nationwide initiative to encourage the consumption of fruits and vegetables each day to reduce risks for chronic conditions.

Health Disparities describes differences in health status among distinct segments of the population including differences that occur by gender, race or ethnicity, education or income, disability, or living in various geographic localities. Health disparities usually imply that one particular group has poorer indicators of health or receive less aggressive treatment.

Healthy Eating describes following a dietary pattern consistent with the Dietary Guidelines for Americans.

High Energy-Dense Foods are foods that have a greater number of calories in a given amount or volume. Foods with higher fat content generally have a higher energy density while water or fiber-rich foods (fruits and vegetables) are lower in energy density.

Indicator provides information about a population's status with respect to health or a factor associated with health (i.e., risk factor, intervention) in a specified population through direct or indirect measures.

Intervention is an organized or planned activity that interrupts a normal course of action within a selected group of individuals or the community at large in order to diminish an undesirable behavior or to enhance or maintain a desirable one. In health promotion, interventions are linked to improving the health of the population or to diminishing the risks of illness, injury, disability or death.

Joint use agreement: A formal agreement between several separate government entities—often a school district, a city or county, and/or parks and recreation departments—setting forth the terms and conditions for the shared use of public property or facilities.

Moderate-Intensity is physical activity in which there is a noticeable challenge (increased breathing, increased heart rate, and light sweating), but an individual should be able to carry on a conversation comfortably: “I can talk while I do the activity, but I cannot sing.”

Muscle-Strengthening Activity is physical activity that creates a force or overload in the muscles.

Obesity is defined as a Body Mass Index (BMI) ≥ 30.0 kg/m² for adults and is considered a disease by some organizations, including the National Institutes of Health.

Overweight is defined as a Body Mass Index (BMI) > 25.0 but < 30.0 kg/m².

Physical Activity describes any bodily movement produced by the contraction of skeletal muscle and that results in energy expenditure.

Policy: Laws, regulations, rules, protocols, and procedures designed to guide or influence behavior. Policies can be either legislative or organizational in nature. Policies often mandate environmental changes and increase the likelihood that they will become more permanent (institutionalized or sustainable).

Prevalence – the number of cases of a disease that are present in a particular population at a given time.

Prevention (Primary): the protection of health by personal and community-wide efforts, such as promoting increased physical activity, healthy eating, breastfeeding, emotional well-being, immunizing against infectious diseases, and making the environment safe.

Prevention (Secondary): the measures available to individuals and populations for the early detection and prompt and effective intervention to correct adverse health conditions.

Prevention (Tertiary): the measures available to reduce or eliminate long-term disease and disability.

Procurement: activities and processes to acquire goods and services. Procurement is not limited to purchasing the product, but also involves activities involved in establishing requirements, and negotiation of contracts.

Public Health: the population-based approach to medicine that is concerned with the health of the community as a whole and assuring a society in which people can be healthy. The core functions of public health are: 1.) the assessment of the health of communities and environments to identify health problems and priorities; 2.) policy development to address and solve identified local and national health problems and priorities; and 3.) the assurance that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services, and evaluation of the effectiveness of that care.

Screen Time encompasses leisure time television viewing, computer use, and video game playing.

Stakeholders are people and organizations who have a vested interest in identifying and addressing an issue.

Sugar-sweetened beverages are beverages that contain calorie sweeteners (i.e. sugar, high fructose corn syrup, sucrose, etc.) and include soft drinks, soda, pop, fruit drinks, punches, ades, sport drinks, sweetened teas and coffees, energy drinks, and sweetened milks or milk alternatives.

Vigorous-Intensity is physical activity in which there is a significant challenge (out of breath, significant increases in heart rate, and heavy sweating): “I can only say a few words without stopping to catch my breath.”

Youth Risk Behavior Surveillance System (YRBSS) is a program developed to monitor priority health-risk behaviors that contribute to the leading causes of mortality, morbidity, and social problems among high school students in the United States. While the YRBS is coordinated on the national level through the CDC, the State of Nebraska administers its own data collection and reporting.



Nebraska Advocates for Healthy Eating, Active Living & Breastfeeding

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